



YOUR CONTACT INFORMATION

FIRST NAME:		LAST NAME:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL ADDRESS:		PHONE:	

Yes, please add me to your mailing list.

DONATION INFORMATION

I have enclosed a check for \$_____ (payable to Bailey-Matthews National Shell Museum & Aquarium)

Please charge \$_____ to my: Visa MasterCard Discover American Express

CARD NUMBER:	EXP. DATE:	CVV:
NAME ON CARD:		SIGNATURE:

I would like my donation to support:

- Greatest Need
- Education
- Collection

PLANNED GIVING

For information, please call 239-395-2233.

My gift is:

- In memory of: _____
- In honor of: _____

PLEASE RETURN FORM TO

Bailey-Matthews National Shell
Museum & Aquarium
PO Box 1580
Sanibel, FL 33957, USA

100% of your tax-deductible contribution is used to support the Museum's mission to connect people to the natural world through their love of shells and the marvelous animals that create them.