Mail-In Donation Form

Please return completed form to:

Bailey-Matthews National Shell Museum PO Box 1195, Captiva, FL 33924, USA



Your Contact Information	
First Name:L	ast Name:
Address:	
	State: ZIP:
Email:	Phone:
Yes, please add me to your email lis	t!
Donation Information ☐ Enclosed is my check for: \$	(make out to Bailey-Matthews National Shell Museum)
	(please use website for recurring donations)
Credit Card Number:	Ехр:
CVV#: Name on card:	
Signature:	
Which funding priority would you like yo ☐ Greatest Need / Restoring the Mus ☐ K-12 and Education Programs ☐ Collection	our donation to support?
☐ Donation is in honor of / in memory	of (circle one):
For information about planned giving, please call 23	39.395.2233.

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.

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