



MARINE SCIENCE CENTER DONATION FORM

NAME: _____ DATE: _____

COMPANY (IF ANY): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

DONATION AMOUNT: \$ _____ RECEIVED BY (MSC STAFF INITIALS): _____

DONATION SPECIFICATION (IF ANY): _____

FORM OF PAYMENT

CHECK ENCLOSED (PAYABLE TO FRIENDS OF THE MARINE SCIENCE CENTER)

CHECK # _____

CASH ENCLOSED

CREDIT CARD (WE DO NOT ACCEPT AMEX)



NAME ON CARD (If DIFFERENT FROM ABOVE): _____

CARD NUMBER: _____ CVV: _____ EXP DATE: _____

SIGNATURE: _____

DONATION INFORMATION

SPECIFY DONATION ALLOCATION OR EXHIBIT: _____

IN MEMORY OF:

ADDRESS: _____

IN HONOR OF:

ADDRESS: _____

NOTE: Under requirements of the Internal Revenue Service, we must inform you that the entire amount of your gift represents a charitable contribution for federal income tax purposes and we have provided no goods or services to you in return for your gift (Certificate Number 74-00107763-85-C). In addition, you have not received any direct benefit from your contribution to the Friends of the Marine Science Center, Inc. except the satisfaction of knowing that through your gift you have helped us carry out our mission of improving lives of the people in our region.