



VOLUSIA COUNTY MARINE SCIENCE CENTER DONATION FORM

NAME: _____ DATE: _____

COMPANY (IF ANY): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

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

DONATION SPECIFICATIONS (IF ANY): _____

FORM OF PAYMENT

CHECK ENCLOSED (PAYABLE TO 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: Thank you for supporting the Volusia County Marine Science Center. Your donation will be deposited into an account ear-marked for sea turtle and seabird rehabilitation, environmental education, and capital improvement projects. Your donation does not support normal operating costs or personnel services at the Marine Science Center. 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.