

Donation Form

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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: O Visa O MasterCard O Discover O American Express				
CARD NUMBER:		EXP. DATE:	cvv	' :
WW. 011 0120	Lavavirus			
NAME ON CARD:	SIGNATURE:			
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I would like my donation to support:				
Greatest Need	PLANNED GIVING			
Education	For information, please call 239-395-2233.			
Collection	.,			
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.

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