



## 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Greatest Need | <input type="checkbox"/> Adopt-A-Class          |
| <input type="checkbox"/> Education     | <input type="checkbox"/> Animal Care & Research |
| <input type="checkbox"/> 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.