



- Yes, I would like to support the Staten Island Museum.
Enclosed is my **fully tax-deductible** contribution of:
 \$500 \$250 \$100 \$50 Other \$ _____
- Yes, I would like to become a monthly donor.
Please charge \$ _____ to my credit card each month.

I am paying by: Check (payable to Staten Island Museum)
 MasterCard Discover American Express VISA

Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____ Billing Zip: _____

Name _____ Phone: _____

Address _____

Email _____

- Enclosed is my employer's matching gift form. Please send me information about Planned Giving.