



YES!

I WANT TO HELP ENSURE THE PACKARD LEGACY ENDURES!

Name _____ \$5000 \$1000 \$500 \$250 \$100 \$50 Other

Address _____ Check Enclosed Credit Card Visa MC
please indicate method of payment

City _____ State _____ Zip _____ Card Number _____ Exp. Date ___/___/___ Sec# _____

Home Phone _____ Work phone _____ Authorized Signature _____ Date _____

Email _____ I/We enclose the following amount: \$ _____

I/We pledge: \$ _____ My first payment of: \$ _____ is enclosed *Please bill me: Monthly Quarterly Annually for the remainder*

Please return completed pledge card to: National Packard Museum 1899 Mahoning Avenue NW Warren, Ohio 44483 Phone: 330-394-1899