



DONATION FORM

DONOR INFORMATION

<i>Name :</i>
<i>Address :</i>
<i>City / State / ZIP :</i>
<i>Phone :</i>
<i>Email :</i>

DONATION AMOUNT AND TYPE

<i>I am making a donation in the amount of :</i>
<input type="checkbox"/> <i>My gift is in memory / honor of :</i>
<input type="checkbox"/> <i>Please send notice of my gift to the name and address below</i>
<i>Name :</i>
<i>Address :</i>
<i>City / State / ZIP :</i>

GIFT METHOD Check, or CC (Visa, Mastercard, Discover, American Express)

<i>Check/Card Number :</i>	
<i>CC Exp Date :</i>	<i>CVV :</i>
<i>Signed :</i>	<i>Today's Date :</i>

Please make checks payable and send to
National Liberty Ship Memorial
45 Pier, Suite 4A
San Francisco, CA 94133