



DONATION FORM

Through your generous contributions, we advance together towards communities build on social equity and diversity.

Name (s) _____

Please recognize me in donor listings as _____

I would like this gift to be anonymous

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

This gift is made In honor of In memory of _____

I would like to join the Leadership Program of Sandy Spring Museum by making an annual contribution of:

- \$500
- \$1,000
- \$2,500
- Custom amount \$ _____
- \$5,000
- \$10,000
- \$25,000

Enclosed is my check, payable to: **Sandy Spring Museum**

Please charge my credit card in full -OR-

Please charge \$ _____ monthly until _____

American Express Discover MasterCard Visa

Card # _____

Expires _____ Security Code _____

- OR - Make a contribution online at www.SandySpringMuseum.org/Donate

Signature: _____ Date: _____

Sandy Spring Museum is a 501(c)(3) tax-exempt not-for-profit organization (EIN 52-1224038). Donations are tax-deductible to the extent permitted by law.

Questions? Contact Grace Cho at (301) 774 - 0022 or gcho@sandyspringmuseum.org.