

Donation Form



Donor Information (please print or type)

Name					
Billing Address					
City		State		Zip Code	
Telephone			Fax		
E-mail					
Contact Person & Phone					

Donation Information

I (we) donate a total of \$_____ to (please check one of the following):

General Donation Annual Fund OPT Capital Campaign Special Museum Project/Event/Exhibit

If the donation is to a special Museum project/event/exhibit, please name:_____

This donation will be paid (please check one): now monthly quarterly yearly

I (we) plan to make this contribution in the form of (please check one):
 check mc/visa stock (appreciated securities) other

Credit card type			
Credit card number			
Expiration date			
Authorized signature			

Name of Stock			Number of Shares		
Date of Transfer					
High Price		Low Price		Close Price	
Total Proceeds from Sale					

Gift will be matched by _____ (company/family/foundation).

Please check one: form enclosed form will be forwarded

I (we) wish to have our gift remain anonymous (please check box if this is your preference).

Signature(s)			Date		
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We greatly appreciate your support!

Please mail completed form with your gift made payable to:

S.C. Museum Foundation
 P.O. Box 11442, Columbia, SC 29211

Completed forms also may be faxed to (803) 898-4969.

Please note that donations to the SC Museum Foundation, the non-profit organization that supports and funds many State Museum events, exhibits, programs and projects, may be eligible for a tax deduction as allowed by law, if you received no goods or services for your donation. Should excess funds remain upon completion of the project indicated above, the SC Museum Foundation shall use these excess funds at its discretion to support the State Museum.