



DONOR GIFT FORM

Name _____

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Payment Options:

☐ Check for full amount enclosed, payable to Milwaukee Public Museum, Inc.

☐ Please charge Discover/MasterCard/Visa/American Express

☐ Full Amount - \$1,200

☐ Monthly (12 equal installments - charged on the 15th)

Credit Card # _____ Exp. _____ CVV _____

Signature _____ Date _____

For recognition purposes, please list name as: _____

Donations support all operations of the Milwaukee Public Museum. Complete financial statements for MPM, Inc. will be provided upon request.

Donor form and payment may be returned to:

Joshua Parr - 1882 Society
Milwaukee Public Museum
800 West Wells Street
Milwaukee, WI 53233

Thank you for your support!

