



Donation Form

Donor Information

Name _____

Preferred Address _____

City/ State/ Zip Code _____

Phone _____

Email _____

Donation Information

My gift for \$ _____ is enclosed.

I would like to make my gift in the form of:

Check Credit Card Cash Other

Card Number _____

Credit Card Type _____ Exp Date _____

Billing Zip* (required) _____ CVV _____

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

Acknowledgement Preference

Please use the following name(s) in all acknowledgments:

I wish to have my gift remain anonymous.

Signature _____ Date _____

Mail Gifts to
National Museum of Wildlife Art
Attn: Development
PO Box 6825
Jackson Hole, WY 83002

Contact
(307) 732 – 5415
membership@wildlifeart.org

Checks payable to National
Museum of Wildlife Art

NATIONAL MUSEUM OF WILDLIFE ART

wildlifeart.org • P: 307-733-5771 • F: 307-732-5787