



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
Credit 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 acknowledgements:

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: 307-733-5787

PO Box 6825 • Jackson Hole, WY 83002 • 2820 Rungius Road • Jackson Hole, WY 83001