

SUMMER OF GIVING DONATION FORM

Complete the information below to help keep history alive by donating to the Marco Island Historical Museum.

I would like to make a donation in the amount of \$ _____

Payment Information:

Donor Name :
(PLEASE USE CAPITAL)

Check for \$ _____ is enclosed, payable to Marco Island Historical Society

Charge \$ _____ Visa MC DISC Amex

Credit Card # _____

Expiration Date _____ Security Code/CVC _____

BILLING ADDRESS

Address : _____

State : _____ Zipcode : _____

Phone Number _____ E-Mail : _____

Please add my email to the monthly MIHS newsletters to stay informed about upcoming events: Yes No, Thank you

THANK YOU FOR YOUR SUPPORT!

Please return this form with your payment information by August 30th to:

180 S. Heathwood Drive, Marco Island, FL. 34145
Or email a copy to Administration@TheMIHS.org



MIHS

Marco Island Historical Society