Date:	

Yes, I would like to make a donation to the Lynden Sculpture Garden!

I would like to	o contribute:						
\$25	\$50	\$100	\$250	\$1000			
Other amo	ount \$						
CONTACT IN	FORMATION						
Name:							
Address:							
City/State/Zip:	<u> </u>						
Email Address	s:						
Phone:							
[] Master	[] rCard []Vis	•	er	Lynden Sculptu			
Credit Card Number				Expiration			
Signature							
				en. The full amount ed in return for this		x deductible	
BY MAIL BY PHONE BY FAX ON SITE ONLINE	LYNDEN SCULPTURE GARDEN, 2145 W. Brown Deer Rd, Milwaukee, WI 53217 414-446-8794 414-446-8492 at the Entrance Desk lyndensculpturegarden.org/donate						
For office use only	· Entered	Receipt Sept		vment Processed			