Date: _____

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

I would like to contribute:

___$25 ___$50 ___$100 ___$250 ___$1000

___Other amount $_____

CONTACT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____ _____

PAYMENT INFORMATION

Total Contribution $ ____

[ ] Cash [ ] Check (*made payable to Lynden Inc.*)

[ ] MasterCard [ ] Visa [ ] Discover [ ] American Express

_____

Credit Card Number Expiration CVV

_____

Signature

Thank you for your donation to the Lynden Sculpture Garden. The full amount of your gift is tax deductible within the limits of the law. No goods or services are provided in return for this gift.

BY MAIL LYNDEN SCULPTURE GARDEN, 2145 W. Brown Deer Rd, Milwaukee, WI 53217
BY PHONE 414-446-8794
BY FAX 414-446-8492
ON SITE at the Entrance Desk
ONLINE lyndensculpturegarden.org/donate

For office use only: Entered____ Receipt Sent_____ Payment Processed_____