



MUSEUM STORE ASSOCIATION INC.

2017 DONATION FORM

Name: _____

Business Name: _____

Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

Email*: _____

*Please provide your email address as it is MSA's primary form of contact.
Thank you for assisting MSA in its efforts to be more environmentally friendly in our communications.

Suggested Donation Amounts:

___ \$100

___ \$500

___ \$1,000

___ Other Amount \$ _____

Payment Information –Full payment must accompany this form.

- Check/money order (payable to Museum Store Association) in U.S. Dollars
 Visa MasterCard American Express

The undersigned agrees to pay the charges above according to card issuer agreement.

Card Number: _____ Exp. Date: _____

Printed Name on Card: _____

Signature: _____

MSA is a 501(c)(3) nonprofit organization, and your donation is tax deductible to the extent permitted by law.

If you would like to support programming and services that help MSA achieve the initiatives of our three-year strategic plan, please complete this form and return it via mail, fax or email. Donations also can be made over the phone.

Museum Store Association
100 N. 20th Street, Suite 400, Philadelphia, PA 19103
P: (215) 320-4667 | F: (215) 564-2175 | E: info@museumstoreassociation.org