

ANNUAL FUND

MISSISSIPPI MUSEUM *of* ART

CONTRIBUTION FORM

DONOR NAME _____
LAST NAME FIRST NAME MI

YES, I WANT TO MAKE A GIFT TO THE ANNUAL FUND:

- \$25 \$500
 \$50 \$1,000
 \$100 Other \$ _____

METHOD OF PAYMENT

Enclosed is my **check** for \$ _____, payable to Mississippi Museum of Art.

I am using my **credit card** to make this gift of \$ _____.

AmEx Visa MasterCard Discover

Name on Card _____
LAST NAME FIRST NAME MI

Credit Card Number _____

Expiration Date _____ / _____ Security Code _____ Zip Code _____
MONTH YEAR

Email Address _____

Donate by Phone! Contact Ann Harkins at 601-960-1515 or 601-965-9926 to make your gift by credit card or to purchase a gift membership for a friend or family member.

Enclosed is my/my spouse's corporate matching gift application form.

Company Name _____

Gifts to the Mississippi Museum *of* Art Annual Fund are tax deductible as allowed by law.



Mail completed form with gift to:
Mississippi Museum *of* Art
380 S. Lamar Street
Jackson, MS 39201

MISSISSIPPI MUSEUM *of* ART

NOTE: THIS IS NOT A MEMBERSHIP RENEWAL FORM OR A REQUEST THAT YOU RENEW YOUR MEMBERSHIP AT THIS TIME.