

MAKE A DONATION:

I would like to make a donation in the amount of: _____ Check ___ Visa ___
MasterCard ___ American Express ___ Discover

*Required if making a donation by credit card

Title: _____

*First Name: _____

*Last Name: _____

Organization: _____

*Billing Address: _____

Billing Address 2: _____

*City: _____

*State: _____

*Zip Code: _____

Phone: _____

*Credit Card #: _____ *CWV: _____ (3- digit
code on back of card)

*Expiration Date: ____/____

Email Address: _____

Make checks payable to: "Americans in Wartime Museum" Mail this form (and your check, if
you paid by check) to:

Americans in Wartime Museum
P.O. Box 909
Bristow, VA 20136