ANNUAL APPEAL FORM

Please fill out and mail to: The Marblehead Museum 170 Washington St., Marblehead, MA 01945 781-631-1768



I/we wish to support the Marblehead Museum's Annual Appeal. □ **\$100** □ **\$1000** □ \$250* **□** \$5000 □ \$500 □ \$10,000 □\$ Other * Donations of \$250 and greater include a complimentary Family/Dual membership. Increase the size of your gift by sending in your company's matching gift form with your payment. ☐ I/we would like to remain anonymous. Please do not include my/our name in donor listings. ☐ Check enclosed payable to the Marblehead Museum Or charge to: ☐ American Express ☐ Mastercard □ Visa □ Other ACCOUNT NUMBER EXPIRATION DATE SIGNATURE NAME/COMPANY **ADDRESS** CITY STATE ZIP

Please provide us with your EMAIL! It's the best way for the Museum to keep you informed. All address information is confidential. We will protect your email and never share it.

EMAIL

Donations and Membership dues are tax deductible to the extent of the law. **Thank you for your support!**

TELEPHONE