

MAKE A DONATION TO THE SMITHSONIAN INSTITUTION

Print out and send to:

Smithsonian Contribution Receipt Center
P.O. Box 9016
Pittsfield, MA 01202-9951

Name: _____

Address: _____

City: _____

State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Member # (for Contributing Members): _____

Enclosed is my check, payable to "The Smithsonian Institution"

Bill my Credit Card:

Visa

MasterCard

American Express

Discover Card

Donation Amount: \$ _____

Card Number: _____

Exp. Date: _____

Signature: _____

Please charge my credit card \$ _____ per month for _____ months.