

## Annual Fund Contribution

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount    \$25.00 \_\_\_\_\_ \$50.00 \_\_\_\_\_ \$100.00 \_\_\_\_\_ \$500.00 \_\_\_\_\_ Other: \_\_\_\_\_

Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Payable to HOWARD STEAMBOAT MUSEUM

Charge my: Visa: \_\_\_\_\_, MasterCard: \_\_\_\_\_, Discover: \_\_\_\_\_, American Express: \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV: \_\_\_\_\_

Given in honor of: \_\_\_\_\_ In memory of: \_\_\_\_\_

Please send to :    Howard Steamboat Museum

P.O. Box 606

Jeffersonville, Indiana 47131-0606