

## payment method

- Cash     MasterCard     Discover/Novus  
 Visa     Visa     Check (check #)

\_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_  
(required on all credit card payments)

Membership \$ \_\_\_\_\_

Additional Member \$ \_\_\_\_\_

Matching Gift \$ \_\_\_\_\_

does your company match gifts? if so, please attach a completed matching gift form.

Make a Donation \$ \_\_\_\_\_

make an additional donation today

TOTAL \$ \_\_\_\_\_

please make checks payable to:  
Terre Haute Children's Museum

### Please return form & payment to:

Attn: Membership/Donation  
Terre Haute Children's Museum  
523 Wabash Avenue  
Terre Haute, Indiana 47807

### For more information contact:

(812) 235-5548 or visit us online at  
[www.terrehautechildrensmuseum.com](http://www.terrehautechildrensmuseum.com)

# thank you!

(over)

detach and send

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Terre Haute, Indiana 47807  
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**CHILDREN'S**  
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