

Gift Form

- Yes! I/We want to make a gift in support of the art museum's catalog project.

Name

Additional Names

Home Address

City/State/Zip

Phone

E-Mail Address (optional)

- This gift is being made in honor/memory of:

Enclosed is my gift of:

\$50

\$500

\$100

\$1000

Other \$ _____

My gift will be paid by:

Check (payable to the *CSUSB Foundation*)

Credit Card

Please charge my:

Visa

MasterCard

American Express

CC#

Exp. Date

Name as it appears on the card

Signature

Please mail this form along with payment to:

RAFFMA

Attn: Museum Development Staff

5500 University Parkway

San Bernardino CA 92407