



I am pleased to support the South Carolina State Museum Foundation through a gift or pledge of \$\_\_\_\_\_

My gift is to be used for:  General Donation  Exhibit Sponsorship  Museum Projects  
\_\_\_\_\_

**MY PERSONAL INFORMATION**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**MY GIFT**

- My total gift of \$\_\_\_\_\_ is enclosed. (please make check payable to SC Museum Foundation)
- My total gift of \$\_\_\_\_\_ should be charged to my credit card
- My total stock gift of \$\_\_\_\_\_ to be received by the Foundation (stock information below)

**MY PLEDGE**

- My initial gift of \$\_\_\_\_\_ is enclosed, with the remaining payments to be made over \_\_\_ years.
- My initial gift of \$\_\_\_\_\_ will be made on \_\_\_\_\_(date), with remaining payments to be made over \_\_\_years.

**MY CREDIT CARD INFORMATION**

- VISA  Master Card  Discover  American Express

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
AUTHORIZED SIGNATURE \_\_\_\_\_

**MY STOCK DONATION INFORMATION**

NAME OF THE STOCK \_\_\_\_\_ NUMBER OF SHARES \_\_\_\_\_ DATE OF TRANSFER \_\_\_\_\_  
HIGH PRICE \_\_\_\_\_ LOW PRICE \_\_\_\_\_ CLOSE PRICE \_\_\_\_\_

- I (We) wish to have out gift remain anonymous (please check box if this is your preference).

**SIGNATURE**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please make checks payable to the S.C. State Museum Foundation and mail or fax to:  
S.C. State Museum Foundation • 301 Gervais Street, Loading Zone D • Columbia, SC 29201 • Fax (803) 898-4969  
Please note that donations to the SC State Museum Foundation, the non-profit organization that supports and funds many State Museum events, exhibits, programs and projects, may be eligible for a tax donation as allowed by law, if you received no goods or services for your donation. Should excess funds remain upon completion of the project indicated above, the SC State Museum Foundation shall use these excess funds at its discretion to support the State Museum.