

CONTRIBUTION FORM



I, _____, agree to contribute the following amount to the Friends of the South Louisiana Wetlands Discovery Foundation.

_____ I will make a one time lump sum contribution.

_____ I will divide my contribution quarterly on the first day of January, April, July, & October.

_____ I will divide my contribution semi-annually on the first day of January and July.

_____ I will divide my contribution annually on the first day of January in 3 annual increments.

_____ I will divide my contribution annually on the first day of January in 5 annual increments.

_____ I prefer to divide my contribution as follows: _____

_____ I would like my contribution to be considered a (circle which one) Memorial or In-Honor of designation.

Name: _____

Total Contribution: \$ _____

Type of Contribution:

Amount enclosed: \$ _____

Annual Fund _____ Capital Campaign _____

Balance Amount: \$ _____

Contribution Information: Please Print

Your Name: _____ Contribution Listed As: _____

Mailing Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

_____ Check payable to the South Louisiana Wetlands Discovery Center enclosed Amount \$ _____

_____ Please charge my _____ Visa _____ Master Card Account # _____

Expiration Date: ____ / ____ 3 digit card verification code (CVC) _____

Signature: _____ Date: _____

_____ I would like to volunteer with the Center or join the Foundation Board of Directors. Please contact me at _____.

If your company has a matching gift program, your contribution could be worth more. _____ Check here to have your company provide a matching gift.

South Louisiana Wetlands Discovery Center - A Place of Investigation and Wonder for All!

This information is provided in compliance with the Budget Act of 1993 and ITS regulations. No goods or services were given to the donor in exchange for the contribution. All contributions are tax deductible to the extent the law allows.

South Louisiana Wetlands Discovery Center

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