

Donation Form

Name					
Address		City		State	Zip
Phone		<u> </u>		_	
Donation made	e in honor/memory of	:			
If you would lik	ke us to notify the hon	oree, please provide their	address:		
Credit Card I					
Charge Amou	unt: \$				
	☐ MasterCard		□ Discover		□ AMEX
CardholderN	Name (as shown on ca	ard):			_
Card Number	r:	_			
Expiration Date (mm/yy): Security Code:					
		card billing address):			
I authorize amount.	National Sporting L	ibrary, Inc. to charge my	credit card abo	ove for ag	greed upon
Customer Signature					
Please return t	his form to				

The National Sporting Library & Museum, PO Box 1335, Middleburg, VA 20118