



Donation Form

Name

Address

City

State

Zip

Phone

Email

Donation made in honor/memory of: _____

If you would like us to notify the honoree, please provide their address:

Credit Card Information			
Charge Amount: \$ _____			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____		Security Code: _____	
Cardholder ZIP Code (from credit card billing address): _____			

I authorize **National Sporting Library, Inc.** to charge my credit card above for agreed upon amount.

Customer Signature

Date

Please return this form to

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