

MAKE A DONATION:

I would like to make a donation in the amount of: _____

___ Check ___ Visa ___ MasterCard ___ American Express ___ Discover

*Required if making a donation by credit card

Title: _____

*First Name: _____

*Last Name: _____

Organization: _____

*Billing Address: _____

Billing Address 2: _____

*City: _____

*State: _____

*Zip Code: _____

Phone: _____

*Credit Card #: _____

*CVV: _____ (3-digit code on back of card)

*Expiration Date: ____/____

Email Address: _____

Make checks payable to: Americans in Wartime Museum

Mail this form (and your check, if you paid by check) to:
Americans in Wartime Museum
P.O. Box 30
Nokesville, VA 20182