

NATIONAL MUSEUM *of* WOMEN *in the* ARTS
CONTRIBUTION FORM

Yes! I would like to make a fully tax-deductible contribution to the
National Museum *of* Women *in the* Arts in the amount of
\$ _____.

Mr. Mrs. Ms. Miss Dr. Other: _____

NAME

STREET ADDRESS

APARTMENT NO.

CITY

STATE

ZIP CODE

PHONE

E-MAIL

Enclosed is my check payable to the **National Museum *of* Women *in the* Arts**

Please charge my: Visa MasterCard American
Express

ACCOUNT NUMBER

EXPIRATION DATE

SIGNATURE

My employer will match my contribution. My company's matching gift
form is enclosed.

NMWA may use my name as it appears above in donor listings.

To make your donation, please print out this form, fill in the requested
information, and mail to:

NATIONAL MUSEUM *of* WOMEN *in the* ARTS
1250 New York Avenue, NW
Washington, DC 20005-3970

Or, if you are paying by credit card, you may fax this form to 202.393.3234.

Your support enables us to preserve and celebrate the achievements of women artists. ***Thank you!***