



VIRGINIA
ASSOCIATION
of MUSEUMS

DONATION PLEDGE / PAYMENT FORM

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ANNUAL FUND SUPPORT

I would like to support the Annual Fund of the Virginia Association of Museums.

Amount of Donation: \$ _____

Check enclosed (made payable to VAM)

I would like to spread my payment over time:

The amount pledged will be paid in: ___ Annual ___ Quarterly ___ Monthly
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The first payment of \$ _____ will begin in _____ (month) of _____ (year)

My/ my spouse's company will match this gift ___ Yes ___ No

How would you like to be recognized on our contributor list? _____

Signature: _____ Date: _____

Thank you for your support. Please mail this form, along with your donation, to the following address:

**Virginia Association of Museums
3126 W. Cary St., #447
Richmond, VA 23221-3504**

If you have any questions, please contact Jennifer Thomas, Executive Director, at 804-358-3172 or jthomas@vamuseums.org.

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