

CENTRAL FLORIDA WORLD WAR II

MUSEUM

Museum Fund

Contact Information

Last Name _____

First Name _____ Middle Initial _____

Home Address _____

City/State/Zip _____

Home Phone (____) _____

E-Mail _____

My Gift

- Enclosed is a **check** in the amount of \$_____.
Please make check payable to the *Central Florida WW2 Museum*.

- Please charge \$_____ (\$25 minimum, please) to my **credit card**:

Visa MasterCard American Express Discover

Card Number _____ Expiration Date ____/____/____

Cardholder Signature _____ Date _____

I wish to make my donation in honor or in memory of: _____

Please send your completed form to:

The Central Florida WW2 Museum
4212 S. Manhattan Ave.
Tampa, FL 33611-1302
PHONE: (813) 504-3826
FAX: (813) 839-6832

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED
FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE.
REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.
THIS ORGANIZATION RETAINS 100% OF ALL CONTRIBUTIONS RECEIVED.

**I would like to
make a gift to
The Central Florida
WW2 Museum!**

Gifts are fully tax
deductible and no
benefits are offered in
exchange.

**Thank you
for your support!**