

CENTRAL FLORIDA WORLD WAR II  

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MUSEUM

# Donation Form

**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!**