



Special Contribution Form

Yes, I would like to make a special contribution to support the St. Augustine Lighthouse & Museum. Please direct my contribution to support the program or programs I have marked.

Please accept my donation in the amount of _____

- | | |
|--|---|
| <input type="checkbox"/> Lighthouse Archaeological Maritime Program | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Endowment | <input type="checkbox"/> Preservation |
| <input type="checkbox"/> Exhibits | <input type="checkbox"/> Summer Day Camp |
| <input type="checkbox"/> General Fund (donations to this fund will be used for the program greatest need.) | |
| <input type="checkbox"/> Please send me more information on planned giving. | |

Name _____

Address _____

State _____ Zip _____

I would like to pay by: credit card or check is enclosed

Credit Card # _____ Exp Date _____

Mail to: St. Augustine Lighthouse & Museum
81 Lighthouse Ave., St. Augustine, FL 32080

Solicitation of Contributions Registration # SC08548
100% of your contribution supports the St. Augustine Lighthouse & Museum