



The Museum of Western Art

Benefactor Program

Marshall

To help insure the continued growth and operation of the Museum for future generations, I/we hereby pledge the annual sum of

\$5,000

With payment to be made as follows:

Check or Credit Card

Date _____ Signature _____

Date _____ Signature _____

PLEASE MAKE CHECKS PAYABLE TO:
THE MUSEUM OF WESTERN ART
P.O. BOX 294300 • KERRVILLE, TEXAS 78029 • 830/896-2553

Charge to: Visa MasterCard American Express Discover

Card Number _____ Expiration Date _____ Signature _____

The Museum of Western Art qualifies for Corporate Matching Funds.
The Museum of Western Art is a 501(C) 3 non-profit organization.

FOR OUR RECORDS: Please list your name, address, and phone number for correspondence and other communications.

Name _____

Address _____

City, State, Zip _____

E-mail _____