

CAMPAIGN FOR THE American Textile History Museum

- Campaign contributions may take the form of cash or securities, or may be paid by credit card.
- Contributions are tax-deductible to the extent provided by law. All contributions will be acknowledged in the Annual Report unless anonymity is requested.
- Pledges may be paid over a three-year period.
- Donors of \$1,000 or more will be recognized on a special Campaign Honor Plaque to be displayed in the Museum lobby.
- Donations may be made on-line at www.athm.org, by phone at 978-441-0400 x 246 or by mail to ATHM, 491 Dutton St. Lowell, MA 01854.
- For additional information, contact Director of Advancement Linda Carpenter 978-441-0400 x 241 or lcarpenter@athm.org.



Gift Form in support of the Campaign for the American Textile History Museum

Please complete and return to ATHM, 491 Dutton Street, Lowell, MA 01854.

Name (Mr. Ms. Mrs. Miss) _____

Street Address _____

City/Town _____

State _____

Zip _____

Telephone _____

email _____

Please specify how you would like your gift to be used. If more than one category is selected, please indicate the amount for each.

___ *Caring for Collections: The \$1 Million Challenge* —
ATHM MCF Match.

___ Renovations to the core exhibition, *Textiles in America*

___ Operations including special exhibitions, school services and programs

___ Unrestricted

___ Request for naming _____

Gift Total \$ _____

Paid \$ _____

Pledged \$ _____

Method of payment

Check in the amount of \$ _____

Credit card charge in the amount of \$ _____

Stock or securities valued at \$ _____

Pledge in the amount of \$ _____

Distribution of pledge

Year one \$ _____ Year two \$ _____ Year three \$ _____

Make checks payable to the **ATHM Campaign** or **ATHM MCF Match**. Donations and pledges to the **ATHM MCF Match** are restricted to the endowment and must be made by June 30, 2007, to be eligible for the \$1 million match.

Credit card information: *Please circle.*

American Express, MasterCard, Visa, Discover

Credit card number _____

Expiration date _____

Name on credit card _____

Signature _____