



Kenosha Public Museums Commemorative Brick Form

I would like to make a Donation to the Kenosha Public Museums.

1. Contact Information

Your Name _____

Business or Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Your phone number and email address will only be used by the Kenosha Public Museums to contact you about your Gift Donation. This information will NOT be shared with any other organization.

2. Donation Information

I wish to purchase a veteran or soldier commemorative brick in the amount of \$200. If you are making this donation on behalf of another individual or organization, to whom shall we send the Gift Certificate acknowledging your donation?

Me Gift Recipient

Gift Recipient's Name _____

Business or Organization _____

Address _____

City _____ State _____ Zip _____

Name as it should appear on the brick (*limited to 20 characters per line*):

1. Name and rank: _____

2. Name of conflict or years of service: _____

3. Branch of service: _____

3. Payment Information (Please make checks payable to Kenosha Public Museums)

Credit card type (please check one) Visa MasterCard

Card # _____

3 Digit Security Code: _____ Exp. date: _____

Name on card: _____

Signature: _____

I have enclosed my personal check for \$200 made payable to Kenosha Public Museums.

MAIL TO:
Kenosha Public Museums
Attn: Development Office
5500 First Avenue
Kenosha, WI 53140

FAX TO:
Kenosha Public Museums
(262) 653-4437
Attn: Development Office

MORE INFORMATION:
(262) 653-4407
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