

# The Guntersville Museum

## Donation Form

Title \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alt \_\_\_\_\_  
Email \_\_\_\_\_

This is in Memory of: \_\_\_\_\_

This is in Honor of: \_\_\_\_\_

Please send an acknowledgment of my gift to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please mail along with payment to:*

The Guntersville Museum  
1215 Rayburn Avenue  
Guntersville, AL 35976  
256-571-7597

**THANK YOU!**