



Yes, I/We would like to make a difference with a gift to Cincinnati Museum Center!

Please complete the form below and return to:

Cincinnati Museum Center Annual Fund
250 W Court St
Suite 300 East
Cincinnati, OH 45202

I would like to support meaningful experiences at CMC with a total gift of \$ _____

- I am interested in learning more about a Museum Center Giving Society membership.
- I would like to learn more about planned giving opportunities that benefit Museum Center.
- I have already included Cincinnati Museum Center in my estate plans.

Contact Information

Name(s): _____

(As you would like it to appear in recognition of your gift)

Company (optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email: _____

Payment Information

Check Enclosed

Payable to:

Cincinnati Museum Center

Credit Card

Credit Card Number _____ Exp. Date _____

CVV Code _____ Billing Zip Code _____

Name on Card _____

Signature _____