## WILD FOR OUR MUSEUM **ARTIFACTS, EXHIBITS & HERITAGE** 2024 ANNUAL FUNDRAISER DINNER

## Number of people attending (\$150 pp) ☐ Number of people attending (\$150 pp) ☐ I am unable to attend but would like to support the CSHS I am unable to attend but would like to support the CSHS Address Address City, State, Zip \_\_\_\_\_ City, State, Zip METHOD OF PAYMENT METHOD OF PAYMENT Called museum for payment over the phone on ☐ Called museum for payment over the phone on ☐ Credit Card ☐ Check made payable to CSHS ☐ Check made payable to CSHS ☐ Credit Card Total Amount of payment Total Amount of payment Card No. Exp. Date Card No. Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_ 3 Digit Code \_\_\_\_\_ Signature 3 Digit Code Email \_\_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_

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