

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

Name _____

Number of people attending (\$150 pp) _____

I am unable to attend but would like to support the CSHS

Address _____

City, State, Zip _____

METHOD OF PAYMENT

Called museum for payment over the phone on _____

Credit Card Check made payable to CSHS

Total Amount of payment _____

Card No. _____ Exp. Date _____

Signature _____ 3 Digit Code _____

Email _____ Phone _____

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