

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

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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 \_\_\_\_\_

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