

Please Mail this form along with your donation to:

Tomaquag Museum
390A Summit Rd.
Exeter, RI. 02822

(Please Print)

Name: (for recognition)	<input type="checkbox"/> I prefer to remain anonymous for any recognition.
Mailing Address: City, State, Zip	
Email:	
Phone:	

Please Choose Your Donation Amount:

- ___ \$33 to support **on the job training**
- ___ \$50 to support **educational opportunities** in collections and archives
- ___ \$100 to support a **youth intern**
- ___ \$250 to support commissions for **Indigenous Artists**
- ___ \$500 to support **job creation**
- ___ Other _____ (any amount will be greatly appreciated)

___ Check enclosed. Please make payable to: Tomaquag Museum

___ Please charge my Visa MC AMEX Discover

____/____/____/____/- ____/____/____/____/- ____/____/____/____/- ____/____/____/____/

Exp. Date ____/____/____ CVV Code _____ Billing Zip Code _____

Signature: _____

My company has a matching gift program & I am enclosing paperwork for you to complete.

This gift is: in honor of in memory of: _____

Address or email to notify:

Katuputush, Thank you for your generosity!

Tomaquag Indian Memorial Museum, Inc. is a non-profit organization with federal 501(c)(3) status.
FEIN 05-0352796