C. Make a Donation to Help the Preservation of the Museum

ENCLOSED IS MY GIFT IN THE AMOUNT OF \$		
Name		
Address		
City/State/Zip		
Telephone		_
(circle one)	Visa	Master Card
Card Number		
Expiration Date		
Signature		

MAIL THE GIFT TO:

12TH Armored Division Memorial Museum 1289 North 2nd Street Abilene, TX 79601