



**ROBERSON MUSEUM AND SCIENCE CENTER
ANNUAL CAMPAIGN DONATION FORM**

Your gift to the Annual Campaign will ensure that Roberson Museum and Science Center will be enjoyed by future generations. Thank you for supporting this community treasure.

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

___ \$125 Friend ___ \$275 Donor ___ \$600 Benefactor ___ \$1200 Patron

___ Other (list amount) \$ _____

Method of payment:

___ Check (Payable to **Roberson Museum Annual Campaign**)

___ Charge my: ___ Visa ___ MasterCard ___ Discover

Name on Account _____

Account # _____

Expiration Date _____ 3 Digit Security Code (back of card) _____

Signature _____

PLEASE MAIL COMPLETED FORM WITH CHECK OR CREDIT CARD INFORMATION TO:

**ROBERSON MUSEUM ANNUAL CAMPAIGN
30 FRONT STREET
BINGHAMTON, NY 13905**