

**YES!** I wish to support the  
Massillon Museum!

The Annual Fund provides essential operation  
support, helping to ensure that the Massillon  
Museum remains open and free to all.

**ENCLOSED IS MY GIFT OF**

\$1,000     \$500     \$250     \$100     \$50  
 Other \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**PAYMENT**

Check enclosed  
(payable to the Massillon Museum)

Please charge my

Visa             Mastercard

Acct Number \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

I pledge a gift of \$ \_\_\_\_\_

Please bill me:     Semi-annually     Quarterly

My employer, \_\_\_\_\_  
will match this gift, and a matching gift form is enclosed.