



# Tribute Gifts

Squam Lakes Natural Science Center, PO Box 173 Holderness, NH 03245

Please fill out the following form, and mail to us.

Adult 1:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Adult 2:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_ This gift is in Memory of  
\_\_\_\_\_ This gift is in Honor of

Honoree Name(s): \_\_\_\_\_

Donation Amount: \_\_\_\_\_

An acknowledgement will be sent to the person you indicate below:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acknowledgment Message: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list our name(s) in the Annual Report as shown above or as below:

\_\_\_\_\_

\_\_\_\_\_ This gift is anonymous.

\_\_\_\_\_ My Check is enclosed, payable to SLNSC

Please charge my: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Am Exp \_\_\_\_\_ Discover  
No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CID: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Printed Name on Card: \_\_\_\_\_