

ALL ABOARD!

—THE CAMPAIGN FOR—
LAKES REGION MODEL RAILROAD MUSEUM



Yes! I/we would like to support the ALL ABOARD! CAMPAIGN

Donor Name(s) _____

Primary Address _____

STREET/P.O. BOX

CITY

STATE

ZIP

Secondary Address _____

STREET/P.O. BOX

CITY

STATE

ZIP

Email _____ Home Phone _____

Mobile Phone _____ Business Phone _____

Please return to **LRMRM P.O. Box 713 Wolfeboro, NH 03894**

Questions? Please call John Simms at (603) 569-9474

or email info@lrmrm.org

LAKES REGION MODEL RAILROAD MUSEUM

P.O. Box 713, Wolfeboro, NH 03894 • lrmrm.org

PLEDGE INFORMATION

I/we will contribute a total of \$ _____
to Lakes Region Model Railroad Museum (LRMRM).

I/we wish to have our payments spread equally over:

1 year 2 years 3 years

Please invoice me/us beginning on _____
and thereafter: Monthly Quarterly Annually
 Other _____

RECOGNITION

All donors will be recognized unless an anonymous gift is requested.
Name(s) as you would like it/them to appear in all acknowledgments:

DONOR SIGNATURE(S)

DATE

Contributions to LRMRM are tax-deductible as allowed by law.
The LRMRM's Federal Tax Identification Number is 81-4713449.

CONTRIBUTION INFORMATION

I/we plan to make my/our contribution in the form of:

Cash or Check (made out to Lakes Region Model Railroad Museum) Debit/Credit Card
 Stock Other _____

Please charge my credit card: MasterCard Visa

Name on Card _____

Card Number _____ Exp _____ CVC _____

Authorized Signature _____

LEGACY GIFT

I/we have included LRMRM in my/our estate plans.
 I/we would like to speak to someone about including LRMRM in my/our estate plans.

Thank you for your generous contribution to LRMRM.