

	☐ My check, payable to SLNSC, is enclosed. ☐ Please charge this gift to: ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER	
	Account #	Security Code Exp. Date
ANNUAL FUND	Signature	
SQUAM LAKES NATURAL SCIENCE CENTER	\square I authorize a recurring Annual Fund gift as specified below.	
PO Box 173, Holderness, NH 03245 603-968-7194 • www.nhnature.org	Annual Fund gifts are tax deductible to the full extent of the law. Please note this is NOT for membership renewal. Donors will be recognized in the Annual Report. Your name(s) will be	
Name(s)	listed as shown to the left or as below:	
Address	☐ Please check here if you prefer to remain a	nonymous.
City	 □ My company will match my gift. I have enclosed a form. □ I/We have included the Squam Lakes Natural Science Center in my/our estate plans. 	
StateZip Code	This gift is □ in memory of □ in honor of	
Phone	Please send notification to: Name	
Email	Address: City, State Zip	

Enclosed is my gift of: □ \$25 □ \$50 □ \$100 □ \$250 □ \$500 □ \$1,000 □ Other \$_____.

New! Recurring Gift Option

Consider a convenient recurring Annual Fund gift through your credit card account.

Recurring credit card deductions are a simple way to spread out your giving to the Annual Fund that feels easy. Fill out this form once and we will do the rest. You can choose monthly or quarterly tax-deductible contributions to support general operations.

I authorize Squam Lakes Natural Science Center to charge my credit card.

Monthly donation amount \$ (15th day of every month) Quarterly donation amount \$ _____ (15th day of January, April, July, and October) Date signed _____ / _____ / _____ Signature

I understand that a 30-day notice is required to cancel this authorization and that there is a \$10 per payment minimum.

Squam Lakes Natural Science Center keeps all gift information private and confidential.

For more information, contact the Development Office at 603-968-7194.