



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:

Title: _____ First Name: _____ Last Name: _____

Adult 2:

Title: _____ 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 Title: _____ Honoree Name(s): _____

Donation Amount: _____

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

Title: _____ 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: _____