

MEDICINE PARK
AQUARIUM



& NATURAL
SCIENCES
CENTER

LIFE • EARTH • SPACE

mpmns.org

If mailing send to:
Medicine Park Aquarium
P.O. Box 337
Medicine Park, OK 73557



CHARTER MEMBERSHIP PLEDGE CARD Email _____

Name _____ Company/Organization _____

Address _____ City/State/Zip _____

1 Charter Membership @ \$2,500 Other Donation (Please specify amount) \$ _____

Please tell us how you would like your Charter Membership listed:

(example: John and Mary Jones, The Jones Family, Organization Name, etc.)

Payment Method

Check enclosed (make payable to the Medicine Park Aquarium)

VISA MasterCard Discover Amex

Card # _____ CSC# _____ Expiration date _____

Payment plans are available. Contact Doug Kemper or Rainette Rowland at 580-529-3601 for more information.

I understand that all Charter Member funds will be promptly utilized for Aquarium development.

Signature

Date