

MEDICINE PARK
MUSEUM *of*
MUSEUM



NATURAL
SCIENCE

A native wildlife Zoo, Aquarium & Botanical Gardens

PLEDGE CARD

Name _____ Company/Organization _____

Address _____ City/State/Zip _____

1 Charter Membership @ \$2,500

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

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

If mailing send to:

Medicine Park Museum
of Natural Science
P.O. Box 84
Medicine Park, OK
73557

Payment Method

Check enclosed (make payable to Medicine Park Museum of Natural Science)

VISA MasterCard Discover Amex

Card # _____ Expiration date _____

Other payment plans are available (Contact Doug Kemper at 580-529-3601 for information)

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

Signature Date

