

Give the Gift of Discovery

Complete the following information to give the Gift of Discovery
PLEASE PRINT

Gift For: **Adult(s)** _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____ Cell _____

Children / Grandchildren – Circle One

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

_____ Please send my gift to the address above

Gift From:

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

_____ Please send my gift to my address



FOR DISCOVERY CENTER OFFICE USE ONLY

___ Cash
___ Check No _____ Due Date _____ Processed by _____ Mailing Date _____ Origin _____ Visa
___ MC
___ Discover Check those given: ___ Packet & Cards ___ ACM Sticker & Brochure ___ Newsletter
___ Pay Pal
MEMBERSHIP TYPE ___ NEW ___ ACTIVE RENEW ___ INACTIVE RENEW ___ GIFT AMOUNT \$ _____

Account Number _____ Expiration Date _____