## Agape Children's Museum Donation Form

ENCLOSED IS MY GIFT OF:	\$25_	\$50	\$100	Other \$ _	
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ENCLOSED IS A CHECK (Please make checks payable to Agape Children's Museum)

PLEASE BILL MY (	CREDIT CARI	O (VISA / MC	C / DISCOVER / AMEX)	
CARD NUMBER		EXPIRAT	ION DATE	
NAME AS IT APPE	ARS ON CARI	0		
ADDRESS				
CITY	STATE		ZIP	
PHONE	E-MAIL			
SIGNATURE				
MY GIFT IS IN H	ONOR/MEN	IORY OF:		
DI EACE CENID AN	ACKNOWI EI	OCEMENT O	$\mathbf{F}$ MV CIET TO,	

PLEASE SEND AN AG	KNOWLEDGEMI	ENT OF MY GIF	110:
NAME			
ADDRESS			
CITY	STATE	ZIP	

Complete and mail this form to:

Agape Children's Museum / 2892 North Bellflower Blvd. / Long Beach, CA 90815