

# LOUISVILLE SCIENCE CENTER

## Memorial Donation Form *(please print information below)*

In memory of \_\_\_\_\_, I/we would like to contribute \$\_\_\_\_\_ to the Louisville Science Center. All memorial gifts will be designated for the Science Center's Exhibit Maintenance and Replacement Fund unless otherwise requested.

### Donor Information:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Notification of your gift should be sent to:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Please return this form and payment to:

Louisville Science Center, Development Department, 727 West Main Street, Louisville, KY 40202.

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**My payment is enclosed.** *(Please make checks payable to the Louisville Science Center.)*

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**Please charge the amount indicated above to my credit/debit card.**

Name as it appears on the card \_\_\_\_\_

Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ Master Card \_\_\_\_\_ American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ (month/year)

Signature \_\_\_\_\_

☐

**My company has a matching gift program.**

Privacy Note: The information you submit is for internal use only and will not be sold/traded to other parties.  
**Questions? Call (502) 561-6563 or email [kelly.grether@louisvilleky.gov](mailto:kelly.grether@louisvilleky.gov).**