

LOUISVILLE SCIENCE CENTER

Tribute Donation Form (please print information below)

In honor of _____, I/we would like to contribute \$_____ to the Louisville Science Center. All tribute 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 briefly explain why you are honoring this person through a gift to the Science Center: _____

Please return this form and payment to:

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

☐

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

☐

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.