

 $Confederacy \star Union \star Freedom$

YES! I WILL SUPPORT THE AMERICAN CIVIL WAR MUSEUM ANNUAL FUND

Donor Information

Name(s)

Address

O My company gives matching gifts. Name of company:____O Please make this gift in OHonor of O Memory of_____

O I would like to receive information about how I can make a planned gift





ACWM - Appomattox location

Programming at Historic Tredegar







Thank You for Your Support of the American Civil War Museum

○ \$50) \$100	O \$250	○ \$500	O \$1,000
Othe	er:			
I would like	to designate	my gift:		
O Museum	n Priorities	O Educat	tion C) Preservation
O Other: _				
	g. ACWM - Historic Tro			ederacy; ACWM - Appomattox)
	g. ACWM - Historic Tro			
Payment Inf	g. ACWM - Historic Tra	edegar; The White	House of the Conf	
Payment Inf O Check E	g.ACWM-Historic Tra formation nclosed (Pay	edegar; The White Vable to The	House of the Conf	federacy; ACWM - Appomattox)
Payment Inf O Check El	g.ACWM-Historic Tra formation nclosed (Pay	vable to The	House of the Conf e American cover O	federacy; ACWM-Appomattox) Civil War Museum, American Express

(As you would like your name listed in publications)

City, State_____ ZIP_____