

**This gift qualifies for a Time Like No Other challenge match!**

Amount Enclosed \$ \_\_\_\_\_ Amount Due \$ \_\_\_\_\_

Please bill my debit/credit card for the entire amount due.  Visa  MasterCard  
 Discover

\_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_  
Card Number X Debit X Credit Month Year

Signature \_\_\_\_\_

\_\_\_\_\_ City State Zip  
Billing Address

\_\_\_\_\_ Publication Name, as it should appear for recognition--thank you for printing legibly

**Pledge Payment Reminder  
Schedule**

	Amount	Date
1st	\$ _____	____ / ____
2nd	\$ _____	____ / ____
3rd	\$ _____	____ / ____
4th	\$ _____	____ / ____
5th	\$ _____	____ / ____
6th	\$ _____	____ / ____

*A Time Like No Other...*

**DIRECT QUESTIONS TO:  
(308) 385-5131 OR**

**FOUNDATION@STUHRMUSEUM.ORG**

**PLEASE MAKE CHECKS PAYABLE TO:  
STUHR MUSEUM FOUNDATION**

**PO Box 1801, GRAND ISLAND, NE 68802-1801**

