

The Museum of Cape May County
504 Route 9 North, Cape May Court House, NJ 08210
Email: cmchgsmuseum@gmail.com Phone: (609) 465-3535

Donation and Planned Giving Form

Last Name: _____ First Name: _____

Spouse/Partner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

I would like to make a cash or credit card donation

Pay by check to: CMCHGS

Pay by credit card (Visa or Mastercard)

Card Number: _____

Expiration Date: _____

I would like information on tax leveraged giving to support the museum

I would like information on the use of IRAs or insurance policies to support the museum

I would like information on supporting the museum as part of my estate planning.