

## BOSTON ATHENÆUM GIFT FORM

### Donor Information (please print or type)

Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Please list me/us in the Annual Report as follows: \_\_\_\_\_

I/we wish to have our gift remain anonymous.

### Gift Information

I/we wish to make a gift of \$ \_\_\_\_\_

I/we have enclosed a check made payable to the Boston Athenæum

I/we wish to charge the following card:

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Please charge my/our card the above amount:  Monthly  Quarterly

I wish for my recurring gift to continue until otherwise noted

I wish for my recurring gift to end after \_\_\_\_ installments

### Tribute Gifts

I/we wish to make this gift in honor/memory of: \_\_\_\_\_

Please notify the following family member(s): \_\_\_\_\_

\_\_\_\_\_  
*(list names and addresses)*

### Matching Gifts

Gift will be matched by (company/family/foundation): .

The form  is enclosed  will be forwarded

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please make checks, corporate matches,  
or other gifts payable to:

Boston Athenæum  
10½ Beacon Street  
Boston, MA 02108