



**SPECIAL OCCASION AND MEMORIAL GIFTS**

Date: \_\_\_\_\_

A donation of \$ \_\_\_\_\_ in honor of: \_\_\_\_\_

in memory of: \_\_\_\_\_

*Suggested minimum donation: \$50.00*

Message (Optional):

\_\_\_\_\_

\_\_\_\_\_ I would like this gift to remain anonymous.

**Send notice of gift to (no amount will be indicated):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**This gift is being made by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

RE ID#: \_\_\_\_\_

**PAYMENT INFORMATION:**

\_\_\_\_\_ Check payable to The Newark Museum of Art. [EIN 22-1487275]

\_\_\_\_\_ Charge my credit card. \_\_\_ Visa \_\_\_ Mastercard \_\_\_ AmEx \_\_\_ Discover

Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**MAKE TRIBUTES ONLINE ANYTIME: [www.newarkmuseum.org/tribute-gift](http://www.newarkmuseum.org/tribute-gift)**

**Please return this form to:** The Newark Museum of Art, Attn: Tribute Gifts,  
49 Washington Street, Newark, NJ 07102 Contact: Quinnetta Williams,  
[qwilliams@newarkmuseumart.org](mailto:qwilliams@newarkmuseumart.org) or 973-596-6626

**Thank you for your donation!**