



**DONATION TO
THE TEXAS DIVISION
TEXAS CONFEDERATE MUSEUM COLLECTION**

Date _____

Please apply my check # _____ dated _____ in the
amount of \$ _____ to

_____ \$500 Club Acquisition Fund

_____ Conservation of Artifacts

_____ TCMC Operations

Please Make Checks Payable to "Texas Division Treasurer"

DONOR

Individual Name _____, OR

Chapter Name _____ # _____, City _____

Address _____

City, State, Zip + 4 _____

Phone _____ e-mail _____

MAIL COMPLETED FORM AND DONATIONS TO:

Susan Sager, Treasurer
TCMC Board of Trustees
P.O. Box 2433
Spring, TX 77383-2433
832-458-0357 (H)
palmettomoon56@gmail.com