

YES, I WILL JOIN HANDS!

Complete this form and mail with payment or pledge to:
Hands On! Regional Museum, PO Box 1244, Johnson City, TN 37605-1244

Company (Businesses only): _____

Contact Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____

Webpage or e-mail address: _____

I/We would like to:

Donate: Pledge:

Payable:

Once per year Monthly

Amount:

\$5,000 \$1,000 \$500 \$100 \$50 \$25

other \$ _____

Please contact me about making a stock or other securities transfer.

Please contact me about a gift to Hands On! in my will.

I have other thoughts, please contact me.

Payment options:

Check enclosed, payable to Hands On!

Charge M/C Visa

Card #: _____ Exp. date: _____

Signature: _____

Bill Me Monthly Quarterly On this date: _____

Monthly ACH Automatic Withdrawal

I prefer my account be debited on the 1st 15th of each month.

I/We hereby authorize Hands On! Regional Museum to initiate a charge entry to my checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until I/we notify in writing to cancel it allowing a reasonable opportunity to act on it.

Name of Financial Institution: _____

Routing/Transit Number: _____ Account Number: _____

Please enclose a voided check or savings deposit slip.

This account is: Checking Savings

Signature: _____ Date: _____