



COBB LANDMARKS

Honor/Memorial Gifts

I/We wish to make a gift in the amount of \$ _____
Notification of your gift will be mailed without mention of the gift amount.

[] in honor of _____

[] in memory of _____

Please notify:

Name

Address

City/State/Zip

Your contact information:

Name

Address

City/State/Zip

Gift Payment:

[] Check enclosed, payable to Cobb Landmarks and Historical Society, Inc.

[] Credit Card one-time charge (VISA, Mastercard, AmEx or Discover)

Credit Card # _____ Exp. _____ CVV _____

Signature _____ Date _____

Gifts of \$250 and above are recognized in museum publications.

If you have given at this level, please indicate how you would like your name to be listed:

[] I/We prefer to remain anonymous.

Please complete this form and mail to:

**Cobb Landmarks
Honor/Memorial Gift
80 N Marietta Parkway NW
Marietta, GA 30060**