

Donations form to be printed out

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Donor name:

Mailing address:

City:

State:

ZIP:

Amount enclosed \$\_\_\_\_\_

☐ Please mail acknowledgment to donor.

☐ You may email acknowledgment to donor at  
Email address: \_\_\_\_\_

☐ No acknowledgment is required

Kindly mail completed form to:

Exhibit Tours Collaborative

P.O. Box 862011

Marietta, GA 30062