



ANNUAL APPEAL FORM

Donor/Member Information

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Payment Information

- Check made payable to the Hilliard University Art Museum
- Please charge my credit card:

Card number: _____

Expiration Date: _____

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Billing address if different from above:

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Signature: _____

PLEASE RETURN THIS FORM WITH YOUR ANNUAL GIFT

Paul and Lulu Hilliard University Art Museum
 P.O. Box 42571
 Lafayette, LA 70504

\$50

To our education initiative purchases art supplies for

10 children



\$100

To exhibition development provides

6 gallons of paint for gallery transitions

\$200

To the general fund allows the museum to plan for any unexpected expenses



\$500

To collection development provides protection for

5 Harriet Joor Drawings or new acquisitions