

Mothers Day Endowment Fund

Donor's name(s) _____

Address _____

Donation in honor of * _____

Shall we include this name on the list to be displayed at NEQM on Mother's Day? Yes____ No____

* Please send acknowledgement to Address _____

Amount of Donation \$ _____ Please make check payable to New England Quilt Museum.

VISA/Mastercard # _____ Expiration Date _____ Signature _____

Please mail to:
NEW ENGLAND QUILT MUSEUM
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