

My Gift to the Duke Lemur Center

- ONE TIME GIFT** Please accept my gift of \$ _____ ; *OR*
- RECURRING GIFT** Charge my card Annually *OR* Quarterly *OR* Monthly
this amount \$ _____ until I notify you of a change; *OR* until this date: ____/____/____.

My Gift Designation

- LEMUR CENTER'S GREATEST NEED/UNRESTRICTED # 397-7000**
- MADAGASCAR CONSERVATION # 399-3638**
- DIVISION OF FOSSILS # 391-2061**

Optional Dedication

My gift is in honor *OR* in memory of _____
If you wish us to send an acknowledgment, please provide a name and address:

Your Full Name		
Preferred Mailing Address		
City	State	Zip Code
Email address (required for recurring gifts and emailed tax receipts)		

Payment Method

- CHECK ENCLOSED** Please make check payable to Duke University.
- CREDIT CARD** Pay securely online at lemur.duke.edu/donate or provide info.:
- Visa Mastercard Discover AmEx

Card Number	Exp. Date MM/YYYY
Name as it Appears on Card	CVV #

DLCYREND