

✓ **Yes, I would like to make a gift to the National Steinbeck Center.**

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email Address _____

This is a gift from:

Name _____

This is a gift made in _____ honor _____ memory of:

Name _____

Please send a card to :

Name _____

Address _____

City _____

Phone _____

VISA MasterCard AmerExp

Exp. Date _____

**I would like to make a gift of \$_____ made in support of
the _____ program _____ endowment
of the National Steinbeck Center.**

**You may print out this page and mail to Development Office: National
Steinbeck Center, One Main Street, Salinas, CA 93901, or call 831-775-
4731.**

***In advance, we thank you for your serious consideration and support of
the National Steinbeck Center.***