



International Seafarers' Center

Port of Brunswick, Georgia USA

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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

I would like to become an annual sponsor:

Admiral - \$5,000

Commodore - \$3,000

Captain - \$1,500

Skipper - \$720

Chief Mate - \$360

I would like to fulfill my gift with:

A one time gift

12 monthly payments

4 quarterly payments

Initial Payment: \$ _____ Balance: \$ _____

(Make checks payable to the International Seafarers' Center)

Please automatically bill my credit card for a monthly payment of \$ _____.

American Express

Visa

MasterCard

Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____ Signature: _____

I cannot make a pledge at this time. Please accept my donation of \$ _____.

Please send me information about wills, trusts, & other planned giving options.

Please contact me about volunteering.

Additional Comments: _____
