



Tribute Program Registration Form

Recipient's Name _____

Recipient's Address _____

City _____ State _____ Zip _____

Recognition: Memorial Birthday Anniversary Other _____

Donor's Name _____

Donor's Address _____

City _____ State _____ Zip _____

Donor's Phone # _____

Please Charge My: Visa MasterCard American Express Discover Card

Amount: \$ _____

Account # _____ Exp. Date _____

SIGNATURE AS IT APPEARS ON CARD

- My check payable to the "Charles M. Schulz Museum" is enclosed
- Please do NOT include my Tribute on the Schulz Museum's web site

• TWO WAYS TO SEND IN YOUR TRIBUTE •

Mailing Address: 2301 Hardies Lane • Santa Rosa • California • 95403 • U.S.A.
Fax: (707) 579-4436