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Enclosed is my tax-deductible contribution, made payable to the Bakersfield Museum of Art in the amount of:

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

I am enclosing my check in the amount of \$ _____

-or-

I authorize the Bakersfield Museum of Art to charge my

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In the amount of: _____

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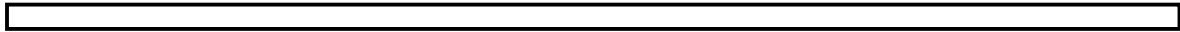
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Please accept this donation:

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Thank You for Your Generosity

PLEASE REMIT THIS FORM WITH YOUR DONATION TO:

Bakersfield Museum of Art
1930 R Street
Bakersfield, California 93309