



NAME A ROCKING CHAIR at The House of Refuge

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

I wish my Rocking Chair plaque to read:

Please Print Clearly (3-lines, 27 characters each line)

- Each Rocking Chair plaque is tan, 4" x 2" and engraved with black lettering
- Each Rocking Chair may be named for a \$500 donation

Payment Method:

- Check enclosed: Made payable to: **The Historical Society of Martin County**
- You may charge \$ _____ to my Visa, MasterCard, AMEX, Discover:

Card Number: _____

Expire Date: _____ Security Code: _____ Billing Zip Code: _____

Authorized Signature: _____

Please complete this form and mail or bring to the
Elliott Museum, 825 NE Ocean Blvd, Stuart, FL 34996
 You may email the form to linda@hsmc-fl.com. Please contact
Linda Prange, Vice President Development, **772.225.1961 ext. 110**
 or email above with any questions