



**LEGACY
OF THE
PLAINS
MUSEUM**

Yes! I/We want to support Legacy of the Plains Museum!

I/we pledge the amount of: \$ _____

I/we agree to pay \$ _____

every (circle one): monthly quarterly six months yearly

With the balance payable over the next (circle one) 1 2 3 4 5 years

Signature _____

Date: _____

Please make checks payable to: **Legacy of the Plains Museum**

Checks can be mailed to:

Legacy of the Plains Museum, 2930 Old Oregon Trail, Gering, NE 69341