

**McClung Museum Membership & Giving Form**

<p><b>Name</b> <i>(As you wish it listed, including titles. Please print):</i></p>								
<p><b>Full Mailing Address:</b></p>								
<p><b>Phone:</b></p>								
<p> <input type="checkbox"/> I am interested in becoming a museum volunteer  <input type="checkbox"/> I want to become a member of the McClung Museum at the annual membership level checked below:  <input type="checkbox"/> Please renew my membership at the level checked below:                 <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Individual/Family.....\$30</td> <td><input type="checkbox"/> Supporting.....\$250</td> </tr> <tr> <td><input type="checkbox"/> Contributing.....\$50</td> <td><input type="checkbox"/> Patron.....\$500</td> </tr> <tr> <td><input type="checkbox"/> Sustaining.....\$100</td> <td><input type="checkbox"/> Benefactor.....\$1,000</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Grand Benefactor.....\$2,500</td> </tr> </table> </p>	<input type="checkbox"/> Individual/Family.....\$30	<input type="checkbox"/> Supporting.....\$250	<input type="checkbox"/> Contributing.....\$50	<input type="checkbox"/> Patron.....\$500	<input type="checkbox"/> Sustaining.....\$100	<input type="checkbox"/> Benefactor.....\$1,000		<input type="checkbox"/> Grand Benefactor.....\$2,500
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<input type="checkbox"/> Sustaining.....\$100	<input type="checkbox"/> Benefactor.....\$1,000							
	<input type="checkbox"/> Grand Benefactor.....\$2,500							
<p><b>I wish to make a gift membership for the amount of \$ _____ in honor of:</b></p> <p><b>Name</b> <i>(As you wish it listed, including titles. Please print.):</i></p> <p><b>Full Mailing Address:</b></p> <p><b>Phone:</b></p> <p><b>Send gift card to recipient?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>								
<p> <input type="checkbox"/> Enclosed is my check payable to the McClung Museum of Natural History and Culture.  <input type="checkbox"/> I prefer to pay for my membership by (please circle)    MasterCard    Visa    American Express                  Please complete information below:                   Amount: \$ _____ Account #: _____                   Expiration Date (month and year): _____ Daytime Phone: _____ - _____ - _____                   Signature: _____             </p>								

THANK YOU!