

Women's History Museum & Educational Center
MEMBERSHIP LEVELS

- | | |
|--|--|
| <input type="checkbox"/> \$1,000 Benefactor | <input type="checkbox"/> \$60 Family |
| <input type="checkbox"/> \$500 Patron | <input type="checkbox"/> \$40 Individual |
| <input type="checkbox"/> \$100 Organization/Business | <input type="checkbox"/> \$25 Student/Senior |
| <input type="checkbox"/> \$2,500 Trustee | |
| <input type="checkbox"/> Monthly Legacy Club Membership of \$ _____ per month | |

Card # _____ Expires _____

Signature: _____

Make checks payable to WHMEC

- Renewal New Member Additional Gift Matching Corporate Funds

Name(s) _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

- I would like to learn about volunteer opportunities at the museum.
 I have included WHMEC in my estate planning.

Thank you for supporting the Women's History Museum!

The WOMEN'S HISTORY MUSEUM and EDUCATIONAL CENTER is a 501(c)(3) organization. Your contribution is fully tax deductible. Your name will be placed among those to be recognized unless you otherwise specify. Do not publish my name. _____