



Membership Application

Yes, I am eager to become a member of the Pearce Museum

MEMBER LEVEL:(check one)

Individual \$30 Contributor \$100 Pearce Patron \$1000
 Family \$50 Supporter \$250

MEMBER INFORMATION:

Name: _____

Address: _____

City State Zip: _____

Phone: _____

E-mail: _____

PAYMENT METHOD:

My check is enclosed Please bill my credit card

Credit Card

Visa MasterCard

Number: _____

Expiration Date: _____ CV# _____

Name on Card: _____

Signature: _____

-All contributions are tax-deductible to the extent allowed by law.

-Many employers have a Matching Gifts Program through which they will match the value of your gift to the Pearce Museum. Contact you employer's personnel office to obtain a Matching Gift Form.