

## Charter Membership Form

Charter Member  Renewing my Membership  Monthly Gift  Gift Membership

\$35  \$50  \$100  \$250  \$500

\$1,000 (Leadership Circle)  \$5,000 (Pioneer's Council)

\$10,000 (President's Council)  Other \$ \_\_\_\_\_

***Mail your complete form with your check (payable to NWHM) or credit card information to:***

National Women's History Museum  
205 S. Whiting Street, Suite 254  
Alexandria, VA 22304

My check for \$ \_\_\_\_\_ is enclosed.

Please bill my American Express / MasterCard / Visa / Discover credit card:

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### **My information:**

Mrs. / Ms. / Miss / Mr. / Dr.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Charter Membership Form

\_\_\_ ***This is a gift for:***

Mrs. / Ms. / Miss / Mr. / Dr.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_ ***This is a gift in honor or in memory of:***

Mrs. / Ms. / Miss / Mr. / Dr.

Name \_\_\_\_\_

E-mail \_\_\_\_\_

For more information, please contact the Museum at (703) 461-1920, email at [dsol@womenshistory.org](mailto:dsol@womenshistory.org), or visit our website at [www.womenshistory.org](http://www.womenshistory.org).