



## JOIN THE AMERICANS IN WARTIME MUSEUM!

**I would like to become a member (check one):**

Bronze \$25    Family \$75    Silver \$100    Gold \$250    Platinum \$500

Patron \$1,000    Benefactor \$2,500    Founder's Circle \$5,000

**Payment method (check one):**

Check    Visa    MasterCard    American Express    Discover

**Your Information:** (\*Information is required if making a donation by credit card.)

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

\*Billing Address 2: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Credit Card #: \_\_\_\_\_

\*Credit Card CVV: \_\_\_\_\_ (3-digit code on back of credit card)

\*Credit Card Expiration Date: \_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

For Family Memberships, additional family member names:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**If paying by check, make checks payable to "Americans in Wartime Museum."**

**Mail this form and your check to:**

American Wartime

P.O. Box 30

Nokesville, VA 20182-0030