

The
CHARLOTTE MUSEUM
of HISTORY



WHERE HISTORY HAS A HOME

Membership Form

Please complete and return with payment to:

The Charlotte Museum of History
Attn: Jennifer Schleining
3500 Shamrock Drive
Charlotte, NC 28215

I am not interested in membership at this time, but have enclosed a donation of \$ _____

Your name (as you wish it to appear on card):

Address: _____

City: _____

State: _____ Zip: _____

Phone (H): _____

Phone (W): _____

E-Mail: _____

I would like to become a member or renew my membership at the following level:

- | | |
|---|---------|
| <input type="checkbox"/> Individual | \$35 |
| <input type="checkbox"/> Dual Senior | \$55 |
| <input type="checkbox"/> Household | \$65 |
| <input type="checkbox"/> Keystone | \$125 |
| <input type="checkbox"/> Patriot | \$250 |
| <input type="checkbox"/> Patron | \$500 |
| <input type="checkbox"/> Benefactor | \$1,000 |
| <input type="checkbox"/> Presidents' Circle | \$2,500 |
| <input type="checkbox"/> 1774 Society | \$5,000 |

Method of Payment

Cash in the amount of: \$ _____

Check (enclosed) in the amount of: \$ _____

Please charge my membership to the following credit card:

American Express Visa MasterCard

Name as it appears on card:

Card Number: _____

Expiration Date: _____

Signature: _____

Will your employer match your gift?

If you or your spouse is employed or retired, your employer may match your contributions to the Charlotte Museum of History. Please check with your Human Resources Department to see if your gift can be matched.

Yes No

*Thank you for your support of the
Charlotte Museum of History!*

3500 SHAMROCK DRIVE CHARLOTTE, NC 28215 P 704.568.1774 F 704.566.1817

WWW.CHARLOTTEMUSEUM.ORG

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