

Founding Member's Enrollment Form

I am pleased to advise you that I would like to enroll as a Founding Member of The Armed Forces Military Museum, Inc. I understand that these funds will be used to further develop and promote this museum. Please place me on your "Founding Member Roster" at the following member level.

- Silver - \$1,500 – up to \$2,499
 - Gold - \$2,500 – up to \$4,999
 - Platinum - \$5,000 and up
-

Payment of my Founding Member enrollment is/will be made as follows:

- Check # _____ - Make check payable to: Armed Forces Military Museum
 - Visa M/C Am. Express Other _____
 - Credit Card # _____ Exp.Date ____/____ Security Code _____
-

I would like my name and/or company name for the donor recognition section on the plaque to read as follows:

I understand a member of the staff will contact me prior to finalizing the plaque inscription. My mailing address to receive information is as follows:

OFFICE USE ONLY
Date: _____
By: _____
Add to spreadsheet: _____
Add to website: _____
Notecard/membership card _____
Date Sent _____

Name: _____

Address: _____

Telephone # () _____ E-Mail: _____