ANCHORAGE MUSEUM

ANCHORAGE MUSEUM GIFT MEMBERSHIP FORM

Recipient Name 1 (please print):_____

Name 2:_____**Name 3:**_____

Recipient Address:_____
Street City State Zip

Recipient phone: _____ **Recipient e-mail:**_____

GIFT TAG INFORMATION

Gift from: _____**Gift to:**_____

Send gift to (check one): ☐ **Recipient** ☐ **Donor**
Send renewal notice to (check one): ☐ **Recipient** ☐ **Donor**

MEMBERSHIP LEVEL

☐ **Individual adult $60** ☐ **Individual senior/military/student $40**

☐ **Family $90** ☐ **Family senior/military $60**

DONOR INFORMATION

Donor name:_____

Donor address:_____
Street City State Zip

Donor phone: _____ **E-mail:** _____

☐ **AMEX** ☐ **Mastercard** ☐ **VISA** ☐ **Discover** ☐ **Check**

Account number:_____

Expiration date:_____**Amount to charge:**_____

Cardholder signature:_____

Please return this form to the museum front desk or mail it to Anchorage Museum, attn: Membership, 625 C St, Anchorage AK 99501.