

## Personal Information

Name 1 \_\_\_\_\_

Title First name Last name

Name 2 \_\_\_\_\_

Title First name Last name

Address

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## Donation

I'd like to support the Whyte Museum of the Canadian Rockies with my donation.

\$100     \$75     \$50     \$25     \$10     Other \$ \_\_\_\_\_

Please indicate if there is a specific program or collection you wish to support:

\_\_\_\_\_

Please indicate the name you wish to appear in acknowledgements (or if you prefer to remain anonymous):

\_\_\_\_\_

## Membership

I'd like to support the Whyte Museum of the Canadian Rockies by becoming a member.

Individual    \$30    1 year     \$55    2 years

Senior    \$15    1 year     \$28    2 years

Family    \$45    1 year     \$85    2 years

Senior family    \$30    1 year     \$55    2 years

## Payment

Enclosed is a cheque for \$ \_\_\_\_\_ or please charge my Visa / MC / Amex (circle card type)

Card number \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Signature \_\_\_\_\_