



Museum Member Registration Form

Please return form with payment to the address provided at the bottom of the page.

Membership Level Selected

- Individual (\$30)
- Dual (\$50)
- Household (\$75)
- Supporting (\$100)
- Parton (\$250)
- Benefactor (\$500)
- Sustaining (\$1,000)



Additional Options

- My employer's matching gift form is enclosed.
- Please send information about volunteer opportunities
- I/We cannot join as a **Museum Member** at this time but wish to offer a fully tax-deductible gift of support for Dumbarton House: \$ _____

In Honor of: _____

In Memory of: _____

- I/We would like to provide a Gift Membership at the _____ level to:

Gift Recipient Name(s): _____

Gift Recipient Address: _____

Email: _____

(to include multiple gift memberships, use separate sheet)

Contact Information

Name: _____

Address: _____

Phone: _____

Email: _____

- I/We do not wish my/our name to appear in any printed/online materials (e.g. Annual Report) *without prior permission.*

Payment

- Check Enclosed (Payable to "NSCDA: Dumbarton House")
- Charge My Credit Card (circle one)
MC VISA AmEx

Card # _____

Exp. Date _____

Signature _____

Date _____

Dumbarton House

Museum & Headquarters ★ The National Society of The Colonial Dames of America

202-337-2288 ★ 2715 Q Street, NW, Washington, DC 20007-3071 ★ www.DumbartonHouse.org