



Gift Membership Form

Gift Recipient

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

- | | | |
|--|--|---|
| <input type="checkbox"/> \$35 \$30: Senior/Student | <input type="checkbox"/> \$75: Organizational | <input type="checkbox"/> \$500: Patron |
| <input type="checkbox"/> \$50 \$45: Individual | <input type="checkbox"/> \$125: Friend | <input type="checkbox"/> \$1000: Key Contributor |
| <input type="checkbox"/> \$65 \$55: Household | <input type="checkbox"/> \$250: Sustaining | <input type="checkbox"/> \$2,500: Life |

Make check payable to ASHM or Charge my: VISA | MasterCard | Discover | AmEx

Account# _____

Exp Date _____ Sec. Code _____ Zip _____

.....
From: _____

Message: _____

The official registration and financial information of ASHM may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania. 1-800-732-0999. Registration does not imply endorsement.

Your membership contribution to the American Swedish Historical Museum is tax deductible to the extent allowed by law.

Among the benefits of memberships are:

- Free admission to the Museum and library
- Use of the ASHM Swedish Film Library borrowing system
- Guest Passes
- Subscription to the newsletter
- 10% discount in the Museum Store
- Discounts on admission to most events, workshops and Swedish language classes

For more information
please call **215-389-1776**

Please print all information as you wish it to appear on membership mailings.

Return this form to:
American Swedish Historical Museum
Attn: Membership
1900 Pattison Avenue
Philadelphia, PA 19145-5901