

## 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 which Giving Program you wish to support:

- Gateway to the Rockies Fund*
- Education and Learning Fund*
- Museum and Archival Collections Care and Acquisition Fund*
- Area of Greatest Need*
- Other, please specify* \_\_\_\_\_

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 \_\_\_\_\_