

Use this PDF to mail in your membership form and payment.

|  |  |
| --- | --- |
| Membership Price: | $ |
| Please provide your address: | I/we would like to make an additional unrestricted contribution of: | $ |
| Total Enclosed: | $ |
| Make checks payable to: Holocaust Museum & Cohen Education Center |
| Credit Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_ \_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I authorize payment for the above total. |
| Please provide your email:  |
| Please provide your tel #: |
| We don’t sell your email address or phone number. |
| Membership Levels | Name(s) of Adult(s) | # of Children and/or Grandkids | Price |
| Individual(1 named Adult) |  |  | $45 |
| Family(2 named Adults + children or grandkids under age 21 years of age) |  |  | $70 |
| Sustaining(2 named Adults + children or grandkids under age 21 years of age) |  |  | $250 |
| Builder(2 named Adults + children and grandkids under 21 years of age) |  |  | $1000 |

Please mail this form with your payment to:

Holocaust Museum & Cohen Education Center

975 Imperial Golf Course Blvd, Suite 108

Naples, FL 34110

Questions? Call us at 239-263-9200 ext. 207 or email us at julie@hmcec.org

Thank you for your support!