A black and blue text on a white background

Description automatically generated

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!