

Smithsonian National Museum of African American History and Culture

- I want to join as a new NMAAHC **Monthly Sustainer** Charter Member.
 I am already a Charter Member and wish to begin monthly payments
Member #: _____

Please use my credit card information and charge me monthly in the amount of:

- \$8 \$10 \$15 \$20 \$50 \$75 Other \$ _____
(Minimum monthly payment is \$8. All monthly payments will be charged when they are received)

Name on card: _____

Credit card number: _____

Type of credit card: Visa MasterCard American Express Discover

Expiration date (MM/YYYY): ____ / ____

CVV# _____

Credit Card Information

Name: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone *: (_____) _____ - _____

E-mail address *: _____@_____

*In case we have a question and need to contact you about your membership. Your email address and phone number will not be shared.

Please Mail this form to the following address:

NMAAHC
ATTN: Membership Department
Capital Gallery Suite 7001
MRC 509, PO Box 37012
Washington DC, 20013-7012

For more information, e-mail AAHCmember@si.edu

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