## CAPITAL JEWISH MUSEUM

575 3rd St, NW, Washington, DC 20001

## Membership Form

See reverse for payment options.

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YES! I'm pleased to become the past connects to the connects t	☐YES! Please send me info about upcoming exhibitions and					
☐ \$36 - Student/Senior	\$72 for (2) Senior	s or Students	🖵 \$90 - Individual	programs. My email address is:		
■ \$250 - Household	□ \$500 - Trustee	<b>□</b> \$1,000 - Guardian	☐ Other \$			
Full Name:		Phone:		Partner name & email address		
-			1 11	if applicable:		
Address:		☐ Cel	1 Home			
		☐ Make my gif	t anonymous.	*Email address is required for digital membership card.		
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		Please mail a	physical membership card.			

CapitalJewishMuseum.org/Join

202-525-2250

Please make check payable to the **Capital Jewish Museum** or charge your gift using the information below and return it in the enclosed courtesy reply envelope. Or you may join online at www.CapitalJewishMuseum.org/Join

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CREDIT CARD NUMBER	EXP. DATE	SECURITY CODE	—————————————————————————————————————
NAME AS IT APPEARS ON CARD	SIGNATURE		
☐ Please send me information about including	the Museum in my estate plans and beco	ming a member of the Museum's 1876 L	.egacy Society.