



Smithsonian  
**National Museum of African American  
 History and Culture**

NMAAHC  
 Contribution Receipt Center  
 PO Box 9039  
 Pittsfield, MA 01202-9039

For more information call 1-800-209-9178 or email [NMAAHCmember@si.edu](mailto:NMAAHCmember@si.edu)

- I want to join as a new NMAAHC Charter Member.
- I am already a Charter Member and wish to renew my membership.
- I do not wish to become a member, but I would like to make a gift donation to support the museum.

Enclosed, please find my check (or credit card information) in the amount of:

- \$25     \$40     \$100     \$250     \$1000     Other \$\_\_\_\_\_
- (Minimum membership level is \$25)

Please make check payable to **National Museum of African American History and Culture.**

**NMAAHC Benefits**

**\$25** 10% discount at Smithsonian gift shops\*\*, our semiannual Museum newsletter, your name on the Museum's electronic Honor Roll kiosk, email updates about Museum events, programs and exhibitions (sign up at [www.go.si.edu/nmaahcnews](http://www.go.si.edu/nmaahcnews)).

**\$40** All of the above, plus a Certificate of Appreciation that recognizes your support.

**\$100** All of the above, plus the double CD, *Every Tone a Testimony*, an aural history of African Americans.

**\$250** All the above, plus the book, *Begin with the Past, Building the NMAAHC*, a history of the birth of this wonderful and important Museum.

**\$1,000** All of the above, plus membership in the **Director's Circle**, which includes invitations to special events, and a copy of the book *Dream a World Anew*, a companion book to one of the opening exhibitions.

**\$2,500** All of the above, plus membership in the **Director's Circle Plus**, which offers a 20% discount at Smithsonian gift shops\*\* as well as recognition in the Smithsonian Annual Report.

**Your Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone \*: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \*: \_\_\_\_\_

- Yes, I would like to receive occasional e-updates about the Museum's progress.

**Credit Card Information**

Name on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Type of credit card:  Visa     MasterCard     American Express     Discover  
 Expiration date (MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_

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

\*\* Benefits are subject to change.  
 \*\* Discount does not apply at Smithsonian American Art Museum and the National Portrait Gallery.