



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

- 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).

\$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.