

Name -

Email \_

Address \_

City, State Zip\_\_\_

# PRITZKER MILITARY

## MUSEUM & LIBRARY

GIVING OPTIONS - Thank you for your support!

### CONTRIBUTIONS

#### ANNUAL FUND

A contribution to the annual fund supports the Museum & Library's collections, exhibits, and programs.

If you wish, a donation may be specified as a...

TRIBUTE GIFT *in honor of* a special occasion such as a birthday or anniversary or *in memory of* someone special. A notification will be sent to the recipient of the honorarium or to the family for the memorial.

## All Members Enjoy These Benefits

Free admission to the Museum & Library Membership card with borrowing privileges Free access to online content E-communications Bi-annual "Frontline" newsletter

For a complete listing of benefits at each level, visit pritzkermilitary.org or call 312-374-9333.

#### MEMBERSHIPS for INDIVIDUALS

Consider the Gift of Membership

#### **MEMBERSHIPS\***

Member (1 membership)	\$60
Member Plus (2 memberships)	\$125 - \$199
Household (4 memberships)	\$200 - \$399
Household Plus	
(4 memberships, 6 Museum & Library admissions)	\$400 - \$999
Veteran, Active Military, Educator	
(1 membership, with ID)	\$45
Full-Time Student (1 membership, with ID)	\$25
National (1 membership)	\$25

\*Privileges for adults residing in the same household. Children 18 and under receive free admission to the Museum & Library and to free member events when accompanied by an adult member. Benefits subject to change.

# REPLY FORM - GIVE ONLINE at pritzkermilitary.org **Annual Fund Contribution:** Membership Contribution: Level \$50 \$75 \$100 \$200 Other: \$\_\_\_\_ Amount \$\_ This is a Tribute Gift: (fill out information below) This is a Gift Membership (fill out information below) ☐ In Honor of ☐ In Memory of Name:\_ **PAYMENT INFORMATION** TOTAL ENCLOSED \$ \_ Name 1 **\\_** check made payable to: Pritzker Military Museum & Library Name 2 (for Member Plus and Above Memberships) Organization (if applicable) ☐ Charge the above to my: ■ Mastercard ☐ Visa Address □ Discover ■ American Express City/State/ Zip Cardholder's Name: **Home Phone** Work Phone Account # \_\_ **Email** Expiration Date \_\_\_ Billing Zip Code \_ Name as you wish it to appear in donor listings I do not wish to receive the nondeductible benefits associated with my level of giving. For Tribute Gifts and Gift Memberships, fill out the notification information below:

 $\_$  Phone  $\_$