



I support the Terre Haute Children's Museum with a membership:

- |                                       |                |          |
|---------------------------------------|----------------|----------|
| <input type="checkbox"/> Family       | 1 year new     | \$40.00  |
| <input type="checkbox"/> Family       | 1 year renewal | \$35.00  |
| <input type="checkbox"/> Family       | 2 year new     | \$75.00  |
| <input type="checkbox"/> Family       | 2 year renewal | \$65.00  |
| <input type="checkbox"/> Special Gift |                | \$ _____ |

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Method of Payment

Cash       Check

Visa       MasterCard

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

After completing this form, please mail it along with your check to:

Terre Haute Children's Museum

523 Wabash Avenue

Terre Haute, IN 47807

812.235.5548