

2009 KIRKMAN HOUSE MUSEUM MEMBERSHIP RENEWAL

Name: _____

Address: _____

City, State ZIP: _____

E-mail: _____

Please contact me about volunteer opportunities.

I would prefer not to have my name listed in museum publications.

ANNUAL MEMBERSHIP CATEGORIES

Students/ Seniors (\$15) Individual (\$25) Family (\$50)

Friend (\$250) Donor (\$500) Patron (\$1,000+)

Bricks & Mortar Society (\$200 commitment per year for three years)

In addition to my membership, I am enclosing a gift of \$_____ to help:

Credit Card #: _____

Visa, MC, Exp. Date: _____ Total amount enclosed: \$_____

Please return this form with your check payable to: **Kirkman House Museum**

Mail to: Kirkman House Museum 214 N. Colville Walla Walla, WA 99362