LIBRARY PASS PROGRAM

This Library Pass is:  ❑ NEW  ❑ A RENEWAL

LIBRARY INFORMATION

Contact Name ________________________________________________

Library Name ______________________________________________

County _____________________________________________________

Address ____________________________________________________

City __________________________ State ________________ Zip __________

Phone _____________________________________________________

Email ______________________________________________________

MEMBERSHIP TYPE

❑ $200 Library Pass  ❑ $100 Additional Library Pass

Fully tax deductible  Fully tax deductible

PAYMENT

❑ Enclosed is my check made payable to the Museum of the American Revolution

For more information on the Library Pass program or to purchase your Library Pass online, please visit our website at: amrevmuseum.org/LibraryPass

Please return this completed form to:

Kasual Owens-Fields
Development Coordinator
KOwens-Fields@amrevmuseum.org

OR

Museum of the American Revolution
101 South 3rd Street
Philadelphia, PA 19106