



THANK YOU
FOR YOUR SUPPORT!



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
Fully tax deductible

\$100 Additional Library Pass
Fully tax deductible

PAYMENT

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

Please charge my credit card in the amount of \$ _____

Credit Card Type _____

Card Number _____

Exp. _____ Security Code _____

Please return this completed form to:

Jannah Abdul-Aziz
Development Coordinator
JAziz@amrevmuseum.org

OR

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