

JOIN TODAY!

Name

Salutation _____ First _____ Last _____

Name

Salutation _____ First _____ Last _____

Address _____

City _____ St. _____ Zip _____

Phone _____

Email _____

Child(ren)'s name(s) _____

Membership Level

Family \$120 \$ _____

Each additional child @ \$30 \$ _____

Grandparents \$120 \$ _____

Friends (includes reciprocal program) \$220 \$ _____

I'd like to make an additional donation to help
build imaginative minds (\$30) (\$50) (Other) \$ _____

TOTAL: \$ _____

Payment type VISA MasterCard Discover AmEx

Account Number

Expiration Date ____ / ____

Signature _____

Checks payable to Delaware Children's Museum

Please mail to:

Delaware Children's Museum
550 Justison Street
Wilmington, DE 19801

Phone: (302) 654-2340

Email: membership@delawarechildrensmuseum.org

delawarechildrensmuseum.org

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