



Birds of Vermont Museum

**Yes, I am interested in supporting the
Birds of Vermont Museum!**

Name and Address:

Membership Type:

____ New member
____ Renewing Member
____ Gift Membership

Please mark all that apply:

____ Membership			
Individual	\$25	Family	\$40
Contributing	\$50	Supporting	\$100
Sponsor	\$250	Patron	\$500
Spear Society	\$1000	Other	\$_____

Gift Recipient(s)

Name(s) & Address(es):

____ Donation \$ _____

____ Year End Appeal \$ _____

Total \$ _____

Payment Method:

____ Please charge my credit card

CC# : _____

Card Type: ____ Visa ____ MasterCard

Expiration Date _____

____ Check enclosed

Please mail to

Birds of Vermont Museum
900 Sherman Hollow Road
Huntington, Vermont 05462

THANK YOU!