



The  
GRACE  
MUSEUM

## Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Please include me in quarterly email updates.

### Membership Level

Friend	\$45 (Admission for 2)
Family	\$65
Supporter	\$100
Advocate	\$300
Sustainer	\$600
Benefactor	\$1,200
Champion	\$2,400

### Special Rates for Educators and Military!

Deduct \$15 from  
Friend or Family membership levels;

Deduct 25 percent from Supporter  
or higher levels.

### Method of Payment

Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_

Discover/MasterCard/Visa: (Expiration Date) \_\_\_\_\_ Amount \_\_\_\_\_

Card Number \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

### Please print out this form and mail or fax it to:

The Grace Museum  
102 Cypress Street  
Abilene, TX 79601  
Fax: 325.675.5993

If you have any questions, please call 325.673.4587