



Wellspring Society Membership Form

Source Code: IGPWEB05

I wish to become a member of the Wellspring Society of the Smithsonian's National Museum of the American Indian.

1. Contact Information:

Name: _____ Member Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Your phone number and email address will only be used by Member Services to contact you about your Wellspring Society Membership. This information will NOT be shared with any other organizations.

2. Donation Information:

I wish to become a member of the Wellspring Society of the Smithsonian's National Museum of the American Indian. I pledge a monthly, tax-deductible contribution of \$10 or more (payable by Automatic Deduction or Credit Card) in the amount of:

\$10 \$15 \$25 \$50 Other: \$ _____

3. Payment Information:

Please choose either Option A or Option B.

OPTION A: Automatic Deduction

My personal check in the amount of \$ _____, made payable to Smithsonian/NMAI, is enclosed as my first installment. I wish to have that amount deducted monthly from my bank account. I have signed this form to authorize this monthly transaction.

OPTION B: Credit Card

Please charge my credit card \$ _____ per month. I have provided my credit card number below and signed the authorization.

Credit card type (Please check one) Visa MasterCard American Express Discover

Card #: _____ Exp. date: _____

Name on card: _____

4. Authorization:

This must be completed before we can activate your membership in the Wellspring Society.

My authorization to charge my credit card or to transfer my monthly pledge amount from my bank account shall remain in effect until I notify the Smithsonian's National Museum of the American Indian in writing that I wish to end this agreement and they have had reasonable time to act on it. Please allow a minimum of 30 days. A record of each payment will be included in my monthly bank or credit card statement and will serve as my receipt. All fields are required.

Signature: _____

Print full name: _____ Date signed: _____

Mail to:
NMAI
Wellspring Society
PO Box 23473
Washington DC 20026-3473

Fax to:
NMAI
202-633-6920
Attn: Wellspring Society