

MEMBERSHIP ENROLLMENT FORM

Please check the level of membership desired:

- Senior* \$25 Student* \$25 Neighbor \$35 Individual \$45
 Family \$60 Donor \$100 Patron \$250 Benefactor \$500
 Satchmo's Big Band \$1,000 Satchmo's Hot Five \$5,000 Satchmo's All Stars \$10,000

**Enclose copy of valid ID.*

NAME

ADDRESS

APT.

CITY

STATE

ZIP

TELEPHONE

EMAIL

If membership is a gift, please complete the recipient information below:

RECIPIENT'S NAME

ADDRESS

APT.

CITY

STATE

ZIP

TELEPHONE

EMAIL

Send renewal notice to: me recipient

Amount: \$_____ Membership Contribution
 \$_____ Additional Donation
 \$_____ Total

Payment Options: Enclosed is a check made payable to Louis Armstrong House Museum
 Credit Card Charge my: Visa MasterCard

NAME AS IT APPEARS ON CREDIT CARD

ACCOUNT NUMBER

EXP. DATE

SIGNATURE

Matching Gift

My company, _____, will match this contribution;
a matching gift form is enclosed.