



YES, I'd like to renew my membership to The National Hellenic Museum as a:

- Senior (\$25)** **Individual (\$50)** **Family (\$100)**
 Fellow (\$250) **Patron (\$500)** **Benefactor (\$1,000)**

Name: _____

Address: _____

Phone: _____

Email: _____

I would like to make this a gift Membership

Recipient Name: _____

Address: _____

Phone: _____

Email: _____

I WOULD LIKE TO FULFILL MY MEMBERSHIP PAYMENT TO THE NATIONAL HELLENIC MUSEUM:

- With an enclosed check, payable to National Hellenic Museum
 With my credit card: Visa Mastercard American Express

Card Number

Expiration Date

Name on Card

Signature

Please Mail to:

*Tax deductibility is available on all memberships.
Please consult your tax advisor for details.

National Hellenic Museum
333 South Halsted
Chicago, IL 60661