

# Gift Membership Form



## Gift Recipient Information

Cardholder 1: \_\_\_\_\_

Cardholder 2: \_\_\_\_\_

Child: \_\_\_\_\_ Birthday (mo/yr): \_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Birthday (mo/yr): \_\_\_\_/\_\_\_\_

Child: \_\_\_\_\_ Birthday (mo/yr): \_\_\_\_/\_\_\_\_

*Please list additional children, along with birth month and year on back.*

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Gift Membership Type:  Household/Family  Grandparent/Grandchild

Gift Membership Level (check one of the following):

Discovery Passport (\$130) Includes both Children's Museums and Science Centers

Discovery Plus (\$115): choose one  Children's Museums  Science Centers

Discovery(\$55)

Additional Caregiver (\$15) Name: \_\_\_\_\_

Please write your message to be included in welcoming letter with the Gift Packet on the back.

## Gift Giver Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Send membership cards and information to:  Gift Giver  Gift Recipient

Renewal notice to go to:  Gift Giver  Membership Holder

For office use only:

DateRcv: \_\_\_\_\_ RenDate: \_\_\_\_\_ Ref#: \_\_\_\_\_ Amt: \_\_\_\_\_ TY: \_\_\_\_\_

Location: \_\_\_\_\_ Ltr/Crd dated: \_\_\_\_\_ Sent: \_\_\_\_\_