WALTER P. CHRYSLER MUSEUM

Gift Membership Application

This Gift of Membership is for:

Please Print Clearly

First Name:_____ MI:_____

Last Name:_____

Street Address:_____

City:_____ State:_____Zip:_____Country:_____

Phone (10 digit):_____ E-mail Address:_____
____Home____Business ____Home____Business

***Forward* Newszine Delivery:**
_____electronic copy (email) _____ paper copy (regular mail)
Help us reduce paper use & costs by choosing email.

Select Membership Program:
Enroll for 2 years and save 10% per year!

	1 year	***2 year***
Plymouth	____ $45	____ $81
Dodge	____ $60	____ $108
Hudson	____ $125	____ $225
DeSoto	____ $250	____ $450
LeBaron	____ $500	____ $900
Imperial	____ $1,000	____ $1,800

Gift Billing Information:
First Name:_____ MI:_____

Last Name:_____

Street Address:_____

City:_____ State:_____Zip:_____Country:_____

Phone (10 digit):_____ E-mail Address:_____
____Home____Business ____Home____Business

___ Check or money order enclosed
(payable to the ***Walter P. Chrysler Museum Foundation***)

___ Please charge my:
___American Express ___ Discover
___ MasterCard ___ Visa
Credit Card Number:_____
Exp. Date (month/year) :_____
Billing Address Street #:_____Billing Zip Code:_____

1948 Chrysler Town & Country
Convertible *"Woody"*