

# Virginia Museum of Transportation | Gift Memberships

**GIFT #1:**    Individual: \$30    Dual/Couple: \$35    Grandparent: \$40    Family: \$50  
 Send Membership Card directly to Recipient    Send Membership Card to Me, the Giver  
 Print Adult's First & Last Name(s): \_\_\_\_\_  
 Print Child's First & Last Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**GIFT #2:**    Individual: \$30    Dual/Couple: \$35    Grandparent: \$40    Family: \$50  
 Send Membership Card directly to Recipient    Send Membership Card to Me, the Giver  
 Print Adult's First & Last Name(s): \_\_\_\_\_  
 Print Child's First & Last Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**GIFT #3:**    Individual: \$30    Dual/Couple: \$35    Grandparent: \$40    Family: \$50  
 Send Membership Card directly to Recipient    Send Membership Card to Me, the Giver  
 Print Adult's First & Last Name(s): \_\_\_\_\_  
 Print Child's First & Last Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**GIVER'S NAME(S)** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*We communicate with our members monthly via e-mail; it saves printing and mailing costs!*

Gift #1 Amount	Gift #2 Amount	Gift #3 Amount	Additional Contribution	Total Amount

Check enclosed payable to VMT.      Please charge my    Visa    MasterCard  
 Account number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_       I/we wish to remain anonymous.

**Please return this form to the Virginia Museum of Transportation. Thank you!**  
 By Mail: 303 Norfolk Ave SW, Roanoke, VA 24016      By Fax: 540-342-6898  
 Or Call: 540-342-5670 Monday - Friday 10am - 5 pm