

Business Membership Application

Levels

- Corporate Partner.....\$1,000
- Business Club \$500
- Business Friend \$250
- Business Supporter..... \$125

Your Membership

Business Name _____

Contact Name _____

Title _____

Street Address _____

City, State, Zip _____

Phone Number _____

Email _____

Sponsorships

My business would also like to support the Museum in the following ways:

- Family Free Day \$ _____
- New Exhibits \$ _____
- Fundraisers (Cuisine, Balloon Festival, Fall Fundraiser) \$ _____
- Sensory-Friendly Playtime \$ _____
- Educational Workshops \$ _____
- School Scholarship Fund \$ _____

Payment Information

Total Support Amount: \$ _____

Payments can be made at the Museum or by mail to WACM • 89 Warren St. • Glens Falls, NY 12801

- Check (payable to WACM) Credit Card

Card. No. _____

Expiration _____ C.V.V. _____ Zip Code: _____

Signature _____



World Awareness Children's Museum

89 Warren Street
Glens Falls, NY 12901
(518) 793-2773

WorldChildrensMuseum.org