



**The Annual Fund Join Form**

Thank you for supporting The Field Museum through The Annual Fund! If you have any questions or would like to charge by phone, please call 312.665.7777.

Please print and mail or fax to:  
The Field Museum  
The Annual Fund  
1400 South Lake Shore Drive  
Chicago, IL 60605  
Fax: 312.665.7778

**Annual Fund Category:**

- Field Explorer (\$1000-\$2499)
- Field Naturalist (\$500-\$999)
- Field Adventurer (\$250-\$499)

You will receive Membership to the museum as one of your donor benefits

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**Your Information:**

Name on Second Membership Card:

\_\_\_\_\_  
Name(s)

\_\_\_\_\_

\_\_\_\_\_  
Address

Your children's information:

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

_____	_____	_____
Name	Age	Birthday

\_\_\_\_\_  
Phone, Email

_____	_____	_____
Name	Age	Birthday

**Make a contribution in honor of a family member or friend. They will receive a one-year membership along with many other special benefits.**

**Payment Information**

Enclosed is my check made payable to The Field Museum.

\_\_\_\_\_  
Name(s)

Please charge \$\_\_\_\_\_ to my:  
 Visa  Mastercard  Discover Card  AmEx

\_\_\_\_\_  
Address

\_\_\_\_\_  
Account Number

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

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Phone, E-mail

\_\_\_\_\_  
Gift Message

\_\_\_\_\_  
Signature