

**Biblical Resource Center & Museum**  
**140 E. Mulberry St. Collierville, TN 38017**

(PLEASE PRINT)

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Initial here \_\_\_\_\_ if you wish to be recognized as anonymous in our published donor list**

- I am applying for/renewing an Individual Membership, \$25.00
  - I am applying for/renewing a Family Membership, \$50.00
  - I have enclosed a tax deductible gift of \$ \_\_\_\_\_
  - I am applying for a matching grant from (*company*)
- \_\_\_\_\_

**How would you like to make your donation?**

- I have enclosed a check or money order (please do not send cash)
- Please charge my donation to:
  - VISA
  - MASTERCARD

Account #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Would you like your gift to be a memorial or honorarium?**

This gift is made

- In memory of
- In honor of

Honoree: \_\_\_\_\_ Occasion: \_\_\_\_\_

Please send an acknowledgment of my gift to:

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

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_