

Thank You For Your Membership!



MITCHELL GALLERY OF FLIGHT

NAME _____

ADDRESS _____

PHONE (____) ____ - _____

CITY/STATE/ZIP _____

1 Choose your membership category for 2022-2023:

SELECT ONE	MEMBERSHIP CATEGORY	ANNUAL RATE
<input type="checkbox"/>	→ HISTORIAN Get <i>Flightlines</i> via Email.	\$25
<input type="checkbox"/>	→ CO-PILOT Get <i>Flightlines</i> via <input type="checkbox"/> Email or <input type="checkbox"/> Paper.	\$50
<input type="checkbox"/>	→ CAPTAIN Get <i>Flightlines</i> via <input type="checkbox"/> Email or <input type="checkbox"/> Paper Plus T-shirt, size: <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> OR, choose no T-shirt to maximize your donation	\$75
<input type="checkbox"/>	→ COMMANDER Ideal for corporate or individual sponsors, includes above, plus behind-the-scenes museum annex tour.	\$250 - \$499
<input type="checkbox"/>	→ GENERAL BILLY MITCHELL Ideal for corporate or individual sponsors. Includes above plus behind-the-scenes museum annex tour, your name on our donor plaque, and a General Billy Mitchell Medallion.	\$500 or more



2 Please consider an additional tax-deductible contribution: Your additional contributions will allow us to sustain our mission to inspire present and future generations by preserving and sharing Southeast Wisconsin's flight heritage.

<input type="checkbox"/>	\$50 "FULL THROTTLE YOUR DONATION" → Please maximize the impact of your contribution to help us manage increasing expenses.	\$50
<input type="checkbox"/>	ADDITIONAL DONATION → To support the museum and our scholarship programs. Please write-in your amount at the right.	\$ _____

3 Please choose check or credit card. Thank You for your support!

Enter Total Payment Enclosed (Add #1 and #2, above):

\$ _____

Your email address: _____

(Requested for all members / **Required** for sending Email *Flightlines*—we keep your email confidential)

I wish to pay by check, payable to **Mitchell Gallery of Flight**.

I wish to pay by VISA MASTERCARD AMEX DISCOVER

Credit Card Number _____

Exp. ____ / ____ Security Code (back of card) _____ Signature _____

I wish to pay by credit card on the Gallery Website: please go to **www.mitchellgallery.org** and click the PayPal Donate button. You may enter the Total Amount as a payment through PayPal.

IMPORTANT: Please email your name/address to **flymitchell@mitchellgallery.org** so that we may enter this on our membership list.

Please send this form and payment to our address:

**Friends of the Mitchell Gallery of Flight
Milwaukee Mitchell International Airport
5300 South Howell Avenue
Milwaukee, Wisconsin 53207-6189**