

**YES!**

**I want to join the Gatchell Museum Association, Inc.**

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

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

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

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Level 1 \$40.00 \_\_\_\_\_ Level 2 \$65.00

\_\_\_\_\_ Level 3 \$200.00 \_\_\_\_\_ Level 4 \$350.00

\_\_\_\_\_ Patron (Lifetime) \$2,500.00

Payment: \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ **I am interested in the Gatchell Museum Association Endowment Program.**

\_\_\_\_\_ **Send me more information.**

\_\_\_\_\_ **Phone me.**

Make checks payable to:

**Gatchell Museum Association, Inc.  
P.O. Box 596 \* Buffalo, WY 82834  
Web site: [www.jimgatchell.com](http://www.jimgatchell.com)  
Email: [storemanager@jimgatchell.com](mailto:storemanager@jimgatchell.com)**