

MEMBERSHIP

Benefits of Membership	Levels of Membership							
	Friend	Associate	Colleague	Supporter	Partner	Leader	Visionary	Strategist
<i>An annual contribution of at least:</i>	\$75 <small>individual</small>	\$150 <small>dual</small>	\$250	\$500	\$1,000	\$2,500	\$5,000	\$10,000
Unlimited free Museum admission during the membership year	★	★	★	★	★	★	★	★
New members receive a Five-Star lapel pin	★	★	★	★	★	★	★	★
Receive the newsletter, <i>The Strategist</i>	★	★	★	★	★	★	★	★
Receive two issues of our magazine, <i>MARSHALL</i>	★	★	★	★	★	★	★	★
Free admission to most Legacy Series events	★	★	★	★	★	★	★	★
Receive 10% discount in the Museum Shop	★	★	★	★	★	★	★	★
Reciprocal admission to 950 NARM-member museums		★	★	★	★	★	★	★
New members receive <i>The Words of George C. Marshall</i>			★	★	★	★	★	★
Receive a private tour of the Archives					★	★	★	★
Receive a bust of Marshall—civilian or military							★	★
Receive a table at a Foundation award event								★

I am pleased to become a member of the George C. Marshall Foundation at the following level:

- | | | |
|--|---|---|
| <input type="checkbox"/> \$ 75 Friend (individual) | <input type="checkbox"/> \$ 500 Supporter | <input type="checkbox"/> \$ 2,500 Leader |
| <input type="checkbox"/> \$ 150 Associate (dual) | <input type="checkbox"/> \$ 1,000 Partner | <input type="checkbox"/> \$ 5,000 Visionary |
| <input type="checkbox"/> \$ 250 Colleague | | <input type="checkbox"/> \$ 10,000 Strategist |

Name _____

Mailing address _____

Phone _____ Email address _____

Record my membership In Honor of In Memory of As a gift for _____

Please notify (name and mailing address) _____

Please contact me about making a planned gift. Marshall ROTC Award Winner Year _____ Army Air Force

Enclosed is my check (payable to the George C. Marshall Foundation) for \$ _____

I will arrange a stock gift for \$ _____

Please charge my VISA MasterCard American Express Discover Amount \$ _____

Account # _____

Card Expiration Date (month/year) ____ / ____ Security code (3-4 digits on back) _____

Cardholder name _____ Signature _____

Contributions to the Marshall Foundation, a 501(c)(3) organization, are tax deductible to the full extent provided by law.

Please complete and return to

GEORGE C. MARSHALL FOUNDATION P.O. Box 1600 • Lexington, Virginia 24450