Stamford Museum & Nature Center

39 Scofieldtown Road, Stamford, CT 06903

SM&NC Library Museum Pass Invoice and Application

Date: _____ Invoice Number: _____

Library Information:

_____
Name of Library

_____
Name of Library Contact and Title

_____
Mailing Address

_____
City, State Zip

_____
Phone

_____
Email

1 Year Library Museum Pass - $125 each	**Quantity**:	**Total:** **$**_____

Payment Method

- Check Check Number: _____
  Checks payable to Stamford Museum & Nature Center
- Credit Card Type: AmEx Discover MasterCard Visa
  Number: _____ Exp. Date ____/_____
  Name on Card: _____ Security Code: _____
  Signature: _____

Membership is tax-deductible to the extent allowed by law.

Thank you for your membership!