

CHOM MEMBERSHIP/DONATION FORM

Date: _____

PLEASE PRINT

Parent/Guardian _____
(Last Name) (First Name)

Parent/Guardian _____
(Last Name) (First Name)

Address _____

Email address _____ Phone number _____

MEMBER FAMILY INFORMATION

Child 1 _____ Age _____ Birth date _____

Child 2 _____ Age _____ Birth date _____

Child 3 _____ Age _____ Birth date _____

Child 4 _____ Age _____ Birth date _____

Child 5 _____ Age _____ Birth date _____

Extra childcare provider: Name _____

Email address _____ Phone number _____

Emergency contact: Name _____

Email address _____ Phone number _____

SUPPORT LEVELS

Family Membership - \$80 Grandparent Membership - \$80 Family +1 Caregiver Membership - \$100

Additional donation: \$1000 \$500 \$100 \$50 Other _____

I am interested in volunteering for CHOM. Please contact me.

Make checks payable to/Mail to: Children's Hands-on Museum of Northwest Illinois
1233 W. Galena Avenue | P.O. Box 366 | Freeport, IL 61032-0366

Thank you for supporting the Children's Hands-On Museum of Northwest Illinois. Your donations make it possible to fulfill our mission, to offer an accessible, affordable, interactive, and educational environment that will inspire children and families to learn about themselves and our culturally diverse world.

