

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

Description	Quantity	Total
1 Year Library Pass \$100		@ \$100

Payment Method

Credit Card: AmEx MC Visa

Expiration Date: _____ / _____

Number: _____

Security Code: _____

Signature: _____

Check Number: _____

Checks payable to: Stamford Museum & Nature Center. Membership is 100% tax deductible to the extent allowed by law.

Thank you for your membership!