2019/20 Navigators Circle Membership Acceptance

1. I/We accept the invitation to join the 2019/20 Navigators Circle. By making this tax-deductible contribution*
I/We join with others in helping to carry out the work of the Santa Barbara Maritime Museum.

Members Name
☐ – You may list my/our name on the 2019/20 Navigators Circle member roster as follows:
(Please Print): __________________________________________________________________________
☐ – Please specify if contribution is “in honor of” or “in memory of”:
____________________________________________________________________________________
☐ – Please note name of representative and title if member is a business or organization:
____________________________________________________________________________________
☐– I/we wish to remain anonymous.

*Contributions are tax deductible to the fullest extent allowable by law.

2. It is my/our intent to contribute to the 2019/20 Navigators Circle the amount indicated below.
I/we plan to pay this commitment as noted in Section Three below, but reserve the right to modify my/our payment schedule in the event of unforeseen circumstances.

<table>
<thead>
<tr>
<th>Please Check One</th>
<th>Category</th>
<th>Gift Range</th>
<th>My/Our Gift</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Mark V</td>
<td>@ 100,000 &amp; Above</td>
<td>$ _________</td>
</tr>
<tr>
<td>☐</td>
<td>Admiral</td>
<td>@ 50,000 – 99,999</td>
<td>$ _________</td>
</tr>
<tr>
<td>☐</td>
<td>Ranger</td>
<td>@ 25,000 – 49,999</td>
<td>$ _________</td>
</tr>
<tr>
<td>☐</td>
<td>Ironsides</td>
<td>@ 10,000 – 24,999</td>
<td>$ _________</td>
</tr>
<tr>
<td>☐</td>
<td>Tomol</td>
<td>@ 5,000 – 9,999</td>
<td>$ _________</td>
</tr>
<tr>
<td>☐</td>
<td>Islands</td>
<td>@ 2,500 – 4,999</td>
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<tr>
<td>☐</td>
<td>Marina</td>
<td>@ 1,500 – 2,499</td>
<td>$ _________</td>
</tr>
<tr>
<td>☐</td>
<td>Explorer</td>
<td>@ 1,000 – 1,499</td>
<td>$ _________</td>
</tr>
</tbody>
</table>
3. It is my/our intent to pay this gift as follows:

☐ – Payment in full is attached
☐ – One payment on ____/____/____ Mo./Day/Year
☐ – In two equal payments as follows: ____/____/____ and ____/____/____ Mo./Day/Year and Mo./Day/Year
☐ – Other (specify): ______________________________________________________
☐ – Please charge my credit card: ____VISA ____MasterCard ____AmEx

_________________________________      _____________      _________________________________
Credit Card Number         Exp. Date                        Signature

Please make check payable to: **Santa Barbara Maritime Museum**

It is requested that membership commitments be paid no later than June 30, 2020. Unless otherwise requested, the Santa Barbara Maritime Museum will send a reminder notice 30 days in advance of the due date(s).

4. **Contact Information**

Name __________________________________________________    Date _________________

Mailing Address ________________________________________________________________

City _____________________________   State _____    Zip __________

E-mail ________________________________________________

Daytime Phone _______ /______________   Cell Phone _______ /______________

☐ – I’d like more information on joining SBMM’s Flagship Society for donors who wish to leave a legacy by preserving Santa Barbara’s maritime heritage.

Please Return To:
**Santa Barbara Maritime Museum**
113 Harbor Way, Suite 190
Santa Barbara, CA 93109
805/962-8404 ext. 103

The Maritime Museum acknowledges its donors in various publications; please notify us if you do not wish to be listed.

Santa Barbara Maritime Museum is a 501 (c) (3) nonprofit organization: Tax ID # 77-0392953.