



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.

Please Check One	Category	Gift Range	My/Our Gift
<input type="checkbox"/>	Mark V	@ 100,000 & Above	\$ _____
<input type="checkbox"/>	Admiral	@ 50,000 – 99,999	\$ _____
<input type="checkbox"/>	Ranger	@ 25,000 – 49,999	\$ _____
<input type="checkbox"/>	Ironsides	@ 10,000 – 24,999	\$ _____
<input type="checkbox"/>	Tomol	@ 5,000 – 9,999	\$ _____
<input type="checkbox"/>	Islands	@ 2,500 – 4,999	\$ _____
<input type="checkbox"/>	Marina	@ 1,500 – 2,499	\$ _____
<input type="checkbox"/>	Explorer	@ 1,000 – 1,499	\$ _____

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.