



BULLOCK MUSEUM
CORPORATE
COUNCIL

ENROLLMENT FORM

Thank you for joining the Bullock Museum Corporate Council to support the
Bullock Texas State History Museum.

Company Information

Company Name (as you would like it listed in donor recognition):

Name: _____

Title: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Website: _____

Please accept the following payment of \$2,500 for annual dues:

CHECK: Please make checks payable to Texas State History Museum Foundation

CREDIT CARD: American Express MasterCard VISA

Card Number: _____

Exp. Date: _____ CVV/CVC: _____

Contact Name (same as above): _____

Billing Address (same as above) : _____

City: _____ State: _____ ZIP Code: _____

PLEASE SEND INVOICE

Authorized Signature Printed Name Date