

**The Museum of Business History and Technology  
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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe any special skills or areas of expertise that you have which you feel would be helpful to the museum:

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If you wish to offer financial assistance, may someone contact you from our museum funding committee:

Yes

No