

The Danish Immigrant Museum
Family History & Genealogy Center
4210 Main St., PO Box 249, Elk Horn IA 51531-0249
Translation Request

(Form should be accompanied by a 1-hour retainer payable to the Museum)
Translation rates: \$30/hour Museum members; \$40/hour non-members; postage will
be added

Name: _____

Address: _____

Phone: _____ **Email:** _____ **Member? Y__N__**

I. Payment Information (form to be accompanied by a minimum 1-hour retainer)

Maximum no. of hours authorized: _____

a check or money order for \$ _____ is enclosed.

I authorize my credit card to be billed for \$ _____

MasterCard _____ **Visa** _____ **Card #:** _____

Exact Name on Card: _____

Expiration date: month _____ year _____ **3-digit code (on back)** _____

Signature: _____ **Date:** _____

II. Please circle one:

**I allow / do not allow a copy of the translated material to be added to the
collections of the Danish Immigrant Museum.**

For office use only: