



museum of
danish america

GENEALOGY CENTER

DANISHMUSEUM.ORG | 4210 MAIN STREET, PO BOX 249, ELK HORN, IA 51531 | 712.764.7008

PAYMENT FORM

This form should be submitted with the formal research request form and be for a 3-hour retainer fee made out to the Museum of Danish America.

Research rates: **\$40/hour** Museum members; **\$50/hour** non-members; postage will be added for physical mailing

Name: _____

Address: _____

Phone: _____ **Email:** _____ **Member? Y__ N__**

Payment Information (made for a minimum of a 3-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:** _____

For office use only: