MUSEUM of AFRICAN AMERICAN HISTORY
Rejoice. Relive. Reconnect.

SUPER SELLERS SALES REPORT FORM

Name of Super Seller: _____ Date Submitted: ____/____/____ Phone: _____

(Please Print)

First Name	Last Name	Payment Method			Membership Levels								Additional Gift Amount	Total Amount Received
		Check	Cash	Credit Card	Child $5	Senior $15	College Student $25	Individual $35	Family $65	Contributor $150	Supporter $500	Partner $1,000		
1.														$
2.														$
3.														$
4.														$
5.														$
6.														$
7.														$
8.														$
GRAND TOTALS					$	$	$	$	$	$	$	$	$	$