

WE VALUE AND APPRECIATE YOUR COMMENTS, WHICH WE REVIEW IN ORDER TO PROVIDE VISITORS WITH THE BEST POSSIBLE MUSEUM EXPERIENCE.

WE ARE GRATEFUL THAT YOU ARE TAKING THE TIME TO TELL US ABOUT YOUR VISIT TO THE MUSEUM TODAY.

1) Please rate the following using a score of 1-5 (please circle one):
1=poor/5=excellent

A. Courtesy of Box Office/
Membership Staff

1 2 3 4 5

B. Courtesy of our Security
personnel

1 2 3 4 5

C. Cleanliness of Museum facilities

1 2 3 4 5

D. Use of our Museum Guide

1 2 3 4 5

E. Quality of exhibitions and
programming

1 2 3 4 5

2) Did your visit meet your expectations?
(please circle one)

Yes / No

Please explain: _____

3) How would you rate your visit
overall? (please circle one):

1=poor/5=excellent

1 2 3 4 5

4) Would you recommend this Museum
to others? (please circle one)

Yes / No

5) How did you find out about the
Museum? (please circle one)

A. Word of mouth

B. Newspaper/magazine advertising
(please specify) _____

C. Website/ E-bulletin

D. Transit advertising

E. Other (please specify)

Please use this space to tell us about your
visit: _____

Can we contact you in the future
regarding upcoming exhibitions and
public programs?

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

**Thank you for taking the time to
complete this form**

Please turn in your completed form in the
lobby, or mail to the Museum of Jewish Heri-
tage at 36 Battery Place, New York, NY 10280
or FAX to 646-437-4341