

Membership Form

Membership Level

- | | |
|--|--|
| <input type="checkbox"/> \$25 Student | <input type="checkbox"/> \$250 Supporter |
| <input type="checkbox"/> \$60 Member + Guest | <input type="checkbox"/> \$500 Patron |
| <input type="checkbox"/> \$75 Household | <input type="checkbox"/> \$1,000 Benefactor |
| <input type="checkbox"/> \$115 Reciprocal | <input type="checkbox"/> Other Amount \$ _____ |

Information

Ms. Mrs. Mr. Dr.

Adult 1 _____

Ms. Mrs. Mr. Dr.

Adult 2 _____

Address _____

City/State _____ Zip _____

Email _____

Home Phone _____ Work Phone _____

This is a gift membership from

Ms. Mrs. Mr. Dr.

Name _____

Address _____

City/State _____ Zip _____

Home Phone _____ Work Phone _____

Gift Message _____

Send gift membership to: recipient me

Send future renewals to: recipient me

Method of Payment

Total Amount \$ _____

Check enclosed is payable to the Columbus Museum of Art

Charge my Visa Mastercard
 Discover American Express

Credit Card # _____

Exp. Date _____ Signature _____

Ask your employer about our Matching Gift program.
Seniors 60+ and educator discounts available.

For Office Use Only

Date

Staff

Code