



MEMBERSHIP FORM

Donor/Member Information

Today's Date (M/D/Y)	Name: Last	MI	First	Maiden
Address		City		State/Zip
Phone		Email		
Spouse's Name:				

Sign up to get interesting news and updates delivered to your inbox. (Check all that you would like to receive)

- Exhibitions and Related Programming
- Family Programming
- Educational Programming
- Museum Store
- Volunteer Opportunities

This membership is a gift

Gifted to:

Name _____
 Address _____
 City/State/Zip _____
 Gift From _____
 Message:

Membership Levels

Check which member level you would like to become.

- Friend: \$40
- Senior/Student/Faculty: \$25
- Family: \$55
- Donor: \$100
- Patron's Circle: \$250
- Collector's Circle: \$500
- Hilliard Society: \$1,000

Payment Information

- Check made payable to the Hilliard University Art Museum
- Please charge my credit card:

Card number: _____
 Expiration Date: _____
 Security Code: _____

Signature: _____

Name on card: _____

Billing address if different from above:

