



Today's Date (MM/DD/YY): _____

MEMBERSHIP FORM

DONOR/MEMBER INFORMATION

Member One Name: _____
First MI Last Madien

Member Two Name (if applicable): _____
First MI Last Madien

Address: _____

Phone: _____ Email Address: _____

MEMBERSHIP LEVEL

- Senior/Student/Faculty (\$25)
- Friend (\$40)
- Family (\$55)
- Donor (\$100)
- Patron's Circle (\$250)
- Collector's Circle (\$500)
- Hilliard Society (\$1000)

PAYMENT INFORMATION

- Check
- Cash
- Credit Card

Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address (if different from Member Info):

Signature: _____

GIFT MEMBERSHIP

Name: _____

Address: _____

A Gift From: _____

Message: _____

