

**Yes, I would like to become a member of the Danforth Museum of Art!**

Members receive special benefits including free admission to the galleries, discounts on Museum School classes, free admission to 14 other New England museums, and more!

- |                                      |       |                                     |         |
|--------------------------------------|-------|-------------------------------------|---------|
| <input type="checkbox"/> Individual  | \$45  | <input type="checkbox"/> Sponsor    | \$500   |
| <input type="checkbox"/> Family/Dual | \$60  | <input type="checkbox"/> Fellow     | \$1,000 |
| <input type="checkbox"/> Friend      | \$100 | <input type="checkbox"/> Patron     | \$2,500 |
| <input type="checkbox"/> Supporter   | \$250 | <input type="checkbox"/> Benefactor | \$5,000 |

*Senior citizen discount is \$10 per category*

PLEASE PRINT

Name Ms / Mrs  
Mr / Dr

Street \_\_\_\_\_  
*Must match billing address if using credit card*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Check enclosed |
| <input type="checkbox"/> Renewal    | <input type="checkbox"/> Visa       |   |

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CRV # \_\_\_\_\_  
*(3 digit # on back of card)*

Signature \_\_\_\_\_

- My company will match my contribution.  
Enclosed is my company's matching gift form.

PLEASE COMPLETE THIS FORM AND SEND  
WITH YOUR PAYMENT TO:

Danforth Museum of Art  
123 Union Avenue  
Framingham, Massachusetts 01702  
(508) 620.0050 [www.danforthmuseum.org](http://www.danforthmuseum.org)