



Membership Renewal

Choose your level:

☐ \$50 Individual

☐ \$300 Friend

☐ \$2,500 Ambassador

☐ \$80 Duo/Family

☐ \$600 Supporter

☐ \$5,000 Benefactor

☐ \$150 Reciprocal

☐ \$1,000 Patron

Confirm your information:

Note any changes or updates directly on this sheet.

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Preferred Phone _____

Email _____

Payment details:

*Choose an option below or renew online! Visit springfieldart.net and select **Support > Join the Museum**.*

☐ My check payable to Springfield Museum of Art is enclosed.

☐ Please charge my card.

Card # _____ Expiration Date _____

CCV Code _____ Signature _____

☐ I have included an additional gift for \$_____ with my membership renewal designated for (choose one):

☐ Education ☐ Endowment ☐ Exhibitions ☐ Where Needed

SMoA

**Springfield
Museum of
Art**

A Smithsonian Affiliate

107 Cliff Park Road
Springfield, OH 45504

937.325.4673
springfieldart.net