

Members matter.

1. Choose your membership level from the choices below.

Individual and Family Levels:

 \Box Young Adult: \$25 □ Individual: \$50 Duo/Family: \$75 □ Reciprocal: \$120 □ Friend: \$250

□ Patron: \$500 □ Van Gogh Society: \$1,000 □ Director's Circle: \$2,500 □ Champion City Circle: \$5,000 □ Founder's Society: \$10,000

2. Please provide your information here.

Name (as it will appear for recognitio	n)			
Street Address				
City		State	Zip	
Preferred Phone	E-mail			
3. Please provide your payment details here.				
Please accept my membership of \$_				
\square My check (payable to Springfield Museum of Art) is enclosed.				
□ Please charge my payment to my	/ credit card:			
□Visa □MasterCard □Discove	r □American Expres	S		

Card #		_CCV# (3-digit number on back)	
Expiration Date	Name on Card		

Signature

4. Please return this form with your payment to:

Springfield Museum of Art 107 Cliff Park Road

Springfield OH 45504

Thank you for your membership in support of the Museum! Your gift is tax-edeuctible to the full extent of the law.