

Yes, I want to help celebrate the arts by becoming a member!

Name _____ New Renewal

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Additional family/business members: _____

Payment options available: Check Credit Card Online at www.taubemuseum.org

Card # _____ Signature _____ Exp. Date _____ CVV# _____

Additional giving opportunities:

- My support will be matched by my employer. Enclosed is my matching gift form.
- I wish to make a gift in honor of/in memory of: _____
- Send a gift membership to: _____
- I wish to sponsor a child in an Art Education Class: _____
- I have provided for the Lillian and Coleman Taube Museum of Art in my will.

Membership support is tax deductible to the extent that tangible benefits are not received in return.

For office use only:

Expiration Date: _____

CU _____ MC _____ STY _____

Membership Levels

- Senior/Student/Artist: \$25
- Individual: \$45
- Family: \$60
- Sustainer: \$100

Business Membership Levels

- Business: \$200
- Business Patron: \$500

Exhibit Sponsorships

- Benefactor: \$1,000
- Corporate: \$1,500