



PERSONAL INFORMATION

First Name

Last Name

Address

Phone

Email

SUID#

Renewal Date

MEMBERSHIP LEVELS

AMOUNT

Tax Deductible Portion:

- | | | |
|--|----------|----------|
| <input type="checkbox"/> Ambassador | \$100 | \$100 |
| <input type="checkbox"/> Enthusiast | \$300 | \$300 |
| <input type="checkbox"/> Benefactor | \$600 | \$600 |
| <input type="checkbox"/> Artists Circle | \$1,000 | \$960 |
| <input type="checkbox"/> Connoisseurs Circle | \$2,500 | \$2,420 |
| <input type="checkbox"/> New Founders Circle | \$5,000 | \$4,720 |
| <input type="checkbox"/> Directors Circle | \$10,000 | \$9,720 |
| <input type="checkbox"/> Directors Gold Circle | \$25,000 | \$24,660 |
| <input type="checkbox"/> Additional Contribution: \$ _____ | | |

- Please do not release my name to similar institutions
- I would like to receive printed membership cards, instead of digital cards

PAYMENT METHOD

- My check, made payable to **Stanford University**, is enclosed.
- Please charge my credit card: American Express Discover Mastercard Visa

Card Number

Exp Date (MM/YY)

Security Code

Name on card

Signature

For deposit to HAFOZ-43110-PKMU

Please return this form to:

Museum Membership
328 Lomita Drive
Stanford, CA 94305-5060

For more info, visit twomuseums.stanford.edu
or contact the Membership team at (650)723-3482
or twomuseums@stanford.edu