

# Gift Membership Form

**This gift is for:** Please Print name(s) and address as you wish it to appear on our mailings.

Mr. & Mrs.     Mr.     Mrs.     Ms.     Miss     Other

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

## SIGN ME UP! Membership Categories

### Basic

- Student \$25
- Individual \$40
- Family/Dual \$60
- Friend of the Museum \$100
- Sustaining Member \$250
- Patron \$500

### Harriet Allyn Society

- Contributor \$1,000
- Sponsor \$2,500
- Fellow \$5,000
- Benefactor \$7,500
- Director's Circle \$10,000 or more
- President's Council \$25,000 or more

### This gift is from:

Mr. & Mrs.     Mr.     Mrs.     Ms.     Miss     Other

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Method of Payment

- My check for \$ \_\_\_\_\_ payable to LAAM is enclosed.
- Charge membership(s) totaling \$ \_\_\_\_\_ to my     Visa     MasterCard

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Cardholder's signature (required) \_\_\_\_\_

Choose the membership level that's right for you, then mail your completed application with payment (or fax with credit card information) to:

### Lyman Allyn Art Museum

Membership Department  
625 Williams Street  
New London, CT 06320  
Fax: 860-442-1280

Questions? 860-443-2545 ext. 132