



Montclair Art Museum

Corporate Membership Enrollment Form

Yes! I/We would like to ensure the Montclair Art Museum's ability to serve the region as an outstanding cultural resource. Please accept our Corporate Membership donation at the following level.

- ___ President's Circle at \$25,000 per year
- ___ Benefactor's Circle at \$10,000 per year
- ___ Corporate Sponsor at \$5,000 per year
- ___ Corporate Patron at \$2,500 per year

Total enclosed \$ _____

CORPORATE MEMBER CONTACT INFORMATION

Name (please print organization name as you wish it to be appear in the Museum Lobby)

Primary Contact Name

Title

Address

City

State

Zip

Telephone with Extension

Fax

E-mail

PAYMENT METHOD

Our check, payable to the Montclair Art Museum, is enclosed.

Please charge my: American Express - Visa - MasterCard - Discover (circle one)

Account no. _____ Exp. Date _____ Signature _____

Please send information about the following other sponsorship opportunities:

- Exhibitions Publications Education Programs Annual Spring Gala

Please return this form, along with your payment, to:

The Montclair Art Museum
 3 South Mountain Avenue
 Montclair, NJ 07042
 Attn: Michele Shea