

Harvard / Gift Membership Art Museum

To

Name 1 _____

Name 2 (Dual membership and above) _____

Address _____

City, State, Zip code _____

Day phone # _____

Email _____

Message with gift

Special instructions

Mail to me Mail directly to recipient(s)

From

Name _____

Address _____

City, State, Zip code _____

Day phone # _____

Email _____

Payment

Return this form with your payment to: Membership Office,
Harvard Art Museum, 32 Quincy Street, Cambridge, MA 02138
or fax to 617-496-1606.

Membership Level

- Individual \$55
- Senior/Student \$45
- Dual \$75
- Supporting \$125
- Contributing \$250
- Sustaining \$500
- Patron Fellow \$1000

Total _____

- Check (payable to Harvard Art Museum)
- Visa
- MasterCard
- American Express

Card # _____

Exp. date _____

Signature _____

Please allow 2-3 weeks to receive your welcome packet.