

Memorial Art Gallery Membership Application



NEW RENEWAL UPGRADE

Name(s) (please print clearly)

Title _____ Name _____

Title _____ Name _____

Address _____

City _____ State _____ Zip _____

Home / business telephone _____

Email _____

Membership level _____

.....
Please send a gift membership to:

Name(s) (please print clearly)

Title _____ Name _____

Title _____ Name _____

Address _____

City _____ State _____ Zip _____

Home / business telephone _____

Email _____

Membership level _____

.....
Gallery membership \$ _____

Annual Campaign donation* \$ _____ * Learn more at mag.rochester.edu/support.

Gift membership \$ _____

Total \$ _____

Check enclosed (please make payable to Memorial Art Gallery).

Please charge my VISA____ Mastercard ____ Discover____

Card number _____

Exp. date _____ Signature _____

Please waive all benefits (beyond admission, discounts and mailings) for full tax deductibility

Employer matching gift form included Please include me in the Clothesline exhibitor mailing



**MEMORIAL
ART GALLERY**
UNIVERSITY of ROCHESTER

Mail to: Memorial Art Gallery Membership Office
500 University Avenue, Rochester, NY 14607-1484

Fax to: 585.276.8948

Questions? Call 585.276.8938.