

Gift Membership Application

DATE _____

DR. MR. MRS. MS. _____

YOUR PHONE () _____

I WISH TO ENROLL THE FOLLOWING AS MEMBER(S):

DR. MR. MRS. MS. _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE () _____

E-MAIL ADDRESS _____

MEMBERSHIP CATEGORY:

Amounts in excess of the basic memberships will be applied to the Morse Museum acquisition fund.

STUDENT OR TEACHER (WITH ID) \$10

SCHOOL _____

INDIVIDUAL \$20

FAMILY \$30

NAME OF SECOND ADULT: _____

NUMBER OF CHILDREN: _____

CONTRIBUTING \$50

BENEFACTOR \$100

SUSTAINING \$1,000

TOTAL AMOUNT ENCLOSED: _____

Make check payable to the Morse Museum of American Art.

CARD SHOULD READ: *Gift from* _____

MAIL TO: Morse Museum of American Art, 445 North Park Avenue, Winter Park, Florida 32789. Attention: Membership