

Leepa-Rattner Museum of Art Membership Form

THIS IS A NEW RENEWAL GIFT MEMBERSHIP FOR:

Names to appear on membership cards: (please print)

Ms. Mrs. Mr. Dr. Other _____

Name on card _____

Name on 2nd card* _____

Address _____

City _____

State _____ Zip _____

Daytime Phone _____

Email address _____

Please send me email about upcoming events at the Museum.

If a gift please sign gift card as follows: _____

Enclosed are Membership dues of:

General Membership

\$20 Student and Educator

\$20 SPC Faculty and Staff

\$35 Individual

\$50 Dual

\$65 Family

Patrons

\$125 Friend

\$250 Contributor

\$500 Advocate

\$1,000 Sustainer

TOTAL AMOUNT ENCLOSED \$ _____

Payment Options:

Check made payable to the Leepa-Rattner Museum of Art

VISA Discover MasterCard AMEX Cash

Account Number

Exp. Date

Signature

Print Name and Phone Number

Please return form and payment to:

Leepa-Rattner Museum of Art
Membership Department
PO Box 1545
Tarpon Springs, FL 34688

* YOUR CONTRIBUTION IN SUPPORT OF THE LEEPA-RATTNER MUSEUM OF ART, INC. IS TAX DEDUCTIBLE TO THE EXTENT PERMITTED BY LAW. THE AMOUNT OF THE CONTRIBUTION THAT IS TAX DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES IS LIMITED TO THE EXCESS OF ANY MONEY AND THE VALUE OF ANY PROPERTY OTHER THAN MONEY CONTRIBUTED BY YOU LESS THE FAIR MARKET VALUE OF GOODS OR SERVICES PROVIDED TO YOU BY THE LEEPA-RATTNER MUSEUM OF ART, INC.

** SOLICITATION OF CONTRIBUTIONS ACT REGISTRRTION # CH19276; A COPY OF THE REGISTRATION AND FINANCIAL INFORMATION OF THE LEEPA-RATTNER MUSEUM OF ART MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800) 435-7352 WITHIN FLORIDA., REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.*