



MAIER MUSEUM OF ART AT RANDOLPH COLLEGE

Please Return this Form with Payment to:

Maier Museum of Art
Randolph College
2500 Rivermont Avenue
Lynchburg, VA 24503

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____ Email _____

If RC or RMWC alum, Class year _____

new renewal gift

Membership level

- | | |
|--|--|
| <input type="checkbox"/> Maier Circle \$5,000 | <input type="checkbox"/> Patron \$250 |
| <input type="checkbox"/> Benefactor \$2,500 | <input type="checkbox"/> Friend \$100 |
| <input type="checkbox"/> Mary Frances Williams Society \$1,000 | <input type="checkbox"/> Family/Household \$65 |
| <input type="checkbox"/> Sponsor \$500 | <input type="checkbox"/> Individual \$40 |

Payment:

- My payment is enclosed.
(Please make checks payable to Randolph College).
- I prefer the credit card payment option (below).
 Visa MasterCard Amex Discover

Your contribution

Membership Amount: \$ _____

Additional Gift: \$ _____

Total Contribution: \$ _____

Name as it appears on credit card

_____ _____
Account Number Expiration Date

Signature of card holder Date

If this is a gift membership, please include gift-giver information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Volunteer Guild:

Please check any that apply:

- I am interested in volunteering as a docent or receptionist.
- I am interested in helping in other ways, please call me.