

Yes, we would like to become a Corporate Member of MoMA. Enclosed is our check for the following level of annual support:

- \$60,000 Sponsor
- \$40,000 Partner
- \$25,000 Leader
- \$15,000 Benefactor
- \$7,500 Associate
- \$3,000 Friend

Checks should be payable to The Museum of Modern Art. Please send enrollment form and contribution to:

Corporate Relations
The Museum of Modern Art
11 West 53 Street, New York, NY 10019-5497

MoMA Tax ID#: 13-1624100

We will notify you upon receipt of payment

I. Company (please print or type)

Company name

Acknowledgment name*

*Exactly as it should appear in MoMA corporate acknowledgment, press mentions, etc. Indicate if anonymous.

Approximate number of employees: locally (NY, NJ, CT area) globally

Please indicate when you would like your one-year Corporate Membership to begin: _____ (month)/_____ (year)

If your company is joining at the Leader level or above and has subsidiaries that should be receiving Corporate Membership privileges, please attach a list.

II. Primary Contact

Send Renewal Benefits Package

Name

Title

Company

Street Address

City/State/Zip

Phone

Fax

E-mail

Please send me benefits updates, shopping coupons, etc. via e-mail.

III. CEO Information

Send Renewal Benefits Package

Name

Title

Company

Street Address

City/State/Zip

Name of person completing this form (print)

Signature

Date