

# STRATHMORE

*Stars & Circles*

## MEMBER INFORMATION

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## MEMBERSHIP LEVELS *Please check one:*

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Star (\$65–\$149)      | <input type="checkbox"/> Bronze Circles (\$2,500–\$4,999) |
| <input type="checkbox"/> 2 Star (\$150–\$249)     | <input type="checkbox"/> Silver Circles (\$5,000–\$9,999) |
| <input type="checkbox"/> 3 Star (\$250–\$499)     | <input type="checkbox"/> Gold Circles (\$10,000+)         |
| <input type="checkbox"/> 4 Star (\$500–\$999)     |   |
| <input type="checkbox"/> 5 Star (\$1,000–\$2,499) |   |

## CONTRIBUTION DETAILS

- My check in the amount of \$\_\_\_\_\_ is enclosed and made payable to Strathmore.
- Please charge my credit card in the amount of \$\_\_\_\_\_.
- Card Type:     Visa     Discover     Mastercard     American Express
- Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- I wish to decline benefits that accompany this membership to receive a full tax deduction.
- Please send me information on how I can remember Strathmore in my will/estate planning.

## MEMBER RECOGNITION *(for gifts of \$500 and above)*

Please list my/our name(s) as follows: (if anonymous, please indicate that here)

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Member(s)*

Please complete and return this form to:

**Strathmore**

Attn: Advancement  
5301 Tuckerman Lane  
North Bethesda, MD 20852

*Thank you for investing in the  
arts through Strathmore!*