

YES, I WANT TO JOIN THE HOOD!

MEMBERSHIP FORM

New Member Renewal Museum Volunteer

Mr. Mrs. Ms. Dr. Other

Name _____

Spouse/Partner _____

Address _____

Telephone _____

Email _____

Member Level

Friend Patron Contributor Lathrop Fellow

Payment amount _____

I wish to claim the entire gift as a tax deduction. I understand that I will not receive benefits that have a monetary value attached to them.

Payment enclosed (check payable to Hood Museum of Art)

VISA MasterCard American Express Discover

Card number _____

Expiration date _____

Signature of cardholder _____

Please mail the completed form to, or contact the museum at
Membership Program, Hood Museum of Art, Dartmouth
College, 6 East Wheelock Street, Hanover, NH 03755
(603) 646-0414 (tel.), (603) 646-1400 (fax)
hoodmembership@dartmouth.edu

