

# San Francisco Museum of Modern Art Contribution Confirmation



## Director's Circle Membership

Thank you for your support. Please complete the following information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

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Address Line 2

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City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Preferred Email

\_\_\_\_\_  
Preferred Phone

**Please choose the membership level at which you would like to join:**

- Chairman \$ 100,000+
- President \$ 50,000 – 99,999
- Director \$ 20,000 – 49,999

**Your total contribution** \$ \_\_\_\_\_

**Please choose how you would like to be recognized:**

- Please list my/our name(s) as: \_\_\_\_\_
- I would like my gift to remain anonymous.

**Please indicate your payment method:**

- Check payable to SFMOMA.
- Credit card. Card # \_\_\_\_\_ Exp. \_\_\_\_\_
- Stock or wire transfer. Please contact SFMOMA to make arrangements.
- Other (please specify): \_\_\_\_\_

**Please indicated your payment schedule:**

- Pay now.
- I would like to make a pledge, payable as indicated above on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Required

- My company offers a match for charitable contributions.**

\_\_\_\_\_  
Name of employer

## Thank you for your support!

For additional information  
please contact **Meredith  
Marschak** at  
mmarschak@sfmoma.org  
or 415.357.4127

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Museum of Modern Art  
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