

# Gift Membership Application



## Membership Levels

- \$175 Family Plus – best family value
- \$100 Family
- \$80 Grandparent (65+)
- \$50 Individual
- \$40 Senior Individual (65+)

Add-ons:

- \$30 Nanny Card



- \$2,500 Charter Oak Society
- \$1,000 Maple Grove Society
- \$500 Chestnut Grove Society

Please contact the Membership Office at 203.977.6533 for information on The Director's Circle, a distinguished group of members whose generosity and commitment to the Stamford Museum & Nature Center support our mission to bring the wonders of art, nature, astronomy, and early childhood education to our community and the public.

## Method of Payment

Check number: \_\_\_\_\_

Please make checks payable to Stamford Museum & Nature Center.

Credit Card:  Visa  American Express  MasterCard  
Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on card: \_\_\_\_\_

**Corporate Matching Gift** – This gift will be matched by my employer. I will send the Matching Gift form by mail.

**Donation** – I would also like to make a gift of \$ \_\_\_\_\_

Please charge my credit card for the membership level and/or additional donations that I have indicated above.

Signature \_\_\_\_\_

Membership is tax-deductible to the extent allowed by law.

The Stamford Museum & Nature Center is a vital cultural and educational resource for the community, and a focal point for family activity and interaction, seeking to inspire creativity, foster self-discovery, and nurture an appreciation for lifelong learning through exhibitions, educational programs, and special events. We thank you for your Gift of Membership and we welcome you to our family of supporters.

Please fill out the following information as completely as possible.

### Gift Giver

Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

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

Tel \_\_\_\_\_ Email \_\_\_\_\_

### Gift Recipient

**First Adult** Dr | Mr | Mrs | Ms Date of Birth: \_\_/\_\_/\_\_

Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

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

Tel \_\_\_\_\_ Email \_\_\_\_\_

Family/Grandparent level memberships only:

**Second Adult** Dr | Mr | Mrs | Ms Date of Birth: \_\_/\_\_/\_\_

Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

### Children

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

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

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

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

Nanny Add-on only: (optional)

**Additional Adult** Dr | Mr | Mrs | Ms

Name First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

### I would like the Gift Membership Package sent to:

- Gift Recipient  Gift Giver

**Notes** (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For office use only:

Gift Membership Package # \_\_\_\_\_