



215 E. Tyler St. - Downtown  
P.O. Box 3484  
Longview Texas 75606  
T: 903.753.8103  
F: 903.753.8217

**Yes! I would like to join Longview Museum of Fine Arts.  
Please accept my membership at the level and type indicated:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> \$15 Student               | <input type="checkbox"/> \$30 Individual             | <input type="checkbox"/> \$60 General                 |
| <input type="checkbox"/> \$100 Contributor          | <input type="checkbox"/> \$250 Advocate              | <input type="checkbox"/> \$500 Supporter              |
| <input type="checkbox"/> \$1,000 Patron             | <input type="checkbox"/> \$2,500 Donor's Circle      | <input type="checkbox"/> \$5,000 Curator's Circle     |
| <input type="checkbox"/> \$10,000 Director's Circle | <input type="checkbox"/> \$25,000 Collector's Circle | <input type="checkbox"/> \$50,000 Benefactor's Circle |

Name:(as you would like it listed): \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

My company will match my donation to a non-profit organization.

Enclosed is my check or money order.

Please charge my credit card:  Visa  MasterCard  Discover  American Express

# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Automatically renew** my membership each year.  **Do not automatically renew** my membership.

I would like to give an honorarium/memorial of \$ \_\_\_\_\_ for \_\_\_\_\_

**Mail to:**  
**LMFA**  
**P.O. Box 3484**  
**Longview, TX 75606**