



Corporate Council Membership Enrollment Form

YES! We would like to join MCASD's Corporate Council at the level indicated below:

- CORPORATE FRIEND \$1,500-\$2,999
- CORPORATE PARTNER \$3,000-\$4,999
- CORPORATE SUPPORTER \$5,000-\$9,999
- CORPORATE ASSOCIATE \$10,000-\$19,999
- CORPORATE FELLOW \$20,000-\$49,999
- CORPORATE FOUNDER \$50,000 AND ABOVE

COMPANY NAME (Please write company name exactly as it should appear in all MCASD donor recognition)

COMPANY ADDRESS

CITY

STATE

ZIP

TEL

FAX

CONTACT NAME

CONTACT PHONE

CONTACT E-MAIL

COMPANY WEB SITE

Company Representatives to receive personalized membership cards:

Friend, Partner, and Supporter Members: select one company representative;

Associate Members: select two; Fellow: select three; Founder: select four.

NAME

ADDRESS IF DIFFERENT THAN ABOVE

PHONE

E-MAIL

NAME

ADDRESS IF DIFFERENT THAN ABOVE

PHONE

E-MAIL

NAME

ADDRESS IF DIFFERENT THAN ABOVE

PHONE

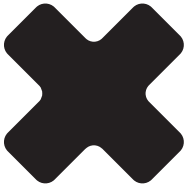
E-MAIL

NAME

ADDRESS IF DIFFERENT THAN ABOVE

PHONE

E-MAIL



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METHOD OF PAYMENT (MCASD TAX ID # 95-1855640)

Please enroll our company and send us an invoice via mail.

CHECK ENCLOSED \$ _____ (MADE PAYABLE TO MCASD)

CHARGE \$ _____ TO MY CREDIT CARD VISA MASTERCARD AMERICAN EXPRESS

CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

SIGNATURE _____ DAYTIME PHONE NUMBER _____
(required for credit card payment)

COMMENTS _____

MAIL OR FAX THIS COMPLETED FORM TO THE MUSEUM.

Mail this form, with a check, to the Museum of Contemporary Art San Diego, attn: Corporate Council, 700 Prospect Street, La Jolla, CA 92037. If you prefer to use your credit card, call 858 454 3541 x117 or fax this form to 858 454 6985, attn: Merunisha Peel; or e-mail mpeel@mcasd.org.

THANK YOU FOR YOUR SUPPORT!