

4 WAYS TO RETURN YOUR GIFT MEMBERSHIP FORM:

1. Call 216.658.6918

2. Email this form to members@MOCAcleveland.org

3. Fax to 216.521.0737

4. Mail to: Membership, MOCA Cleveland, 11400 Euclid Avenue, Cleveland, OH 44106

NEW **RENEWAL** **GIFT**

Date _____

Dr. Mr. Mrs. Ms.

 Dr. Mr. Mrs. Ms.

Address _____

City _____

State _____ ZIP _____

Phone _____

E-mail _____

Second E-mail _____

MY PAYMENT IS ENCLOSED

Personal check

Please make checks payable to MOCA Cleveland.

Credit card:

VISA MasterCard American Express Discover

Card number

Expiration date _____

Security code _____

Signature _____

\$ _____ payment enclosed

or charge to my credit card.

My/Our gift will be matched by:

Name of company (Please include required form)

GENERAL MEMBERS

- \$55 **Individual**
- \$65 **Individual Plus [benefits for couple or one individual + one guest]**
- \$80 **Household [up to six people]**
- \$25 **Student**
- \$40 **Senior (65+)**
- \$65 **Senior Plus [benefits for couple or one individual + one guest]**

ASSOCIATE MEMBERS

- \$150 **Associate [individual]**
- \$250 **Associate Plus**

DONOR MEMBERS

- \$500 **Friend**
- \$1,000 **Patron**

For questions on tax-deductibility, please contact our Development Office at 216.421.8671.

- I/We would like more information on how to make a planned gift to MOCA.
- I/We have remembered MOCA in our will, trust, or other planned gift: please contact us.
- I/We would like more information about volunteering at MOCA.

GIFT RECIPIENT INFORMATION

Complete the following information for the recipient:

Dr. Mr. Mrs. Ms.

First + Last Name(s) _____

Address _____

City _____ State _____ ZIP _____

Phone _____

E-mail _____

Gift message

Please allow up to 2 weeks to process gift memberships.