

# DIRECTOR'S CIRCLE CONTRIBUTION FORM

Please complete this form and return it to:

San Francisco Museum of Modern Art  
151 Third Street  
San Francisco, CA 94103-3159  
Attn.: Director's Circle  
Fax: 415.357.4037

If you have any questions about this contribution form, call 415.357.2874. Thank you for supporting SFMOMA!

## DONOR LEVEL OF DIRECTOR'S CIRCLE

- DIRECTOR LEVEL \$15,000 - \$24,099
- PRESIDENT LEVEL \$25,000 - \$49,999
- CHAIRMAN LEVEL \$50,000 - \$99,999
- FOUNDER LEVEL \$100,000 +

## DONOR INFORMATION

- Mr.             Mrs.             Ms.

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

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EMAIL ADDRESS \_\_\_\_\_

## ADDITIONAL DONOR (FOR JOINT PATRONS)

- Mr.             Mrs.             Ms.

NAME \_\_\_\_\_

## RECOGNITION

PLEASE RECOGNIZE THIS GIFT UNDER THE NAME(S) \_\_\_\_\_

- THIS GIFT IS ANONYMOUS

## CONTRIBUTION

TOTAL GIFT AMOUNT \$ \_\_\_\_\_

- I WOULD LIKE TO MAKE MY GIFT AT THIS TIME, WITH A CHECK PAYABLE TO SFMOMA
- I WOULD LIKE TO MAKE MY GIFT ON THE DATE LISTED BELOW. PLEASE SEND ME A REMINDER.

\_\_\_\_\_  
 I WOULD LIKE TO MAKE MY GIFT THROUGH THE CHARITABLE FOUNDATION OR TRUST LISTED BELOW.

\_\_\_\_\_  
 I WOULD LIKE TO MAKE MY GIFT WITH SECURITIES; PLEASE CONTACT ME AT MY  PHONE NUMBER OR  EMAIL ADDRESS.

PLEASE CHARGE MY CREDIT CARD

American Express

Discover

MasterCard

Visa

NAME AS IS APPEARS ON CARD \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE (REQUIRED FOR ALL PLEDGE GIFTS) \_\_\_\_\_

## INFORMATION

Please send me more information about:

- STOCK AND SECURITIES GIFTS
- FOUNDATION AND CHARITABLE TRUST GIFTS
- PROVIDING FOR SFMOMA IN MY WILL
- SFMOMA ART INTEREST GROUPS

Thank you for your support of SFMOMA.

