

MEMBERSHIP ENROLLMENT FORM



Yes! I would like to be a member of Paris Gibson Square Museum of Art.
Please enroll me for a _____ level membership for _____ year(s).

DATE: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

e-mail address: _____

Please send a gift membership at _____ level for _____ years to:

NAME: _____

ADDRESS: _____

PHONE: _____

I would like to volunteer to help with. _____

I would like to be on your e-mail list. _____

Membership Dues*: \$ _____

Gift Membership Dues*: \$ _____

Additional Contribution*: \$ _____

Total Enclosed: \$ _____

- Enclosed is a personal check.
 Please charge my credit card:
 VISA MasterCard AmEx

Number: _____

Expiration date: _____

Signature: _____

(Or call 727-8255 to enroll by phone)
fax: 727-8256 email: info@the-square.org
Paris Gibson Square Museum of Art
1400 1st Avenue North
Great Falls, MT 59401
www.the-square.org

*Tax-deductible to the extent allowed by law.

Thank you for your support!