

# Membership Form



## MEMBERSHIP LEVEL

- |                                |                                 |                                   |                  |
|--------------------------------|---------------------------------|-----------------------------------|------------------|
| <input type="checkbox"/> \$45  | FOUNDER INDIVIDUAL              | <input type="checkbox"/> \$250    | MAHALIA          |
| <input type="checkbox"/> \$75  | FOUNDER FAMILY                  | <input type="checkbox"/> \$500    | JACKSON          |
| <input type="checkbox"/> \$100 | MERIEULT                        | <input type="checkbox"/> \$1,000  | LAUSSAT SOCIETY  |
| <input type="checkbox"/> \$125 | CAILLOT INDIVIDUAL (ages 21-45) | <input type="checkbox"/> \$5,000  | BIENVILLE CIRCLE |
| <input type="checkbox"/> \$200 | CAILLOT COUPLE (ages 21-45)     | <input type="checkbox"/> \$ OTHER | _____            |

Please print the following information clearly.

NAME OF PRIMARY MEMBER  MR.  MRS.  MS.  DR. \_\_\_\_\_

NAMES OF ADDITIONAL MEMBERS OF HOUSEHOLD \_\_\_\_\_

NAME AS IT SHOULD BE LISTED IN PRINT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT NO. \_\_\_\_\_

CITY \_\_\_\_\_

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

PREFERRED PHONE \_\_\_\_\_ PREFERRED E-MAIL \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> CHECK ENCLOSED (Payable to THNOC) | <input type="checkbox"/> AMERICAN EXPRESS |
| <input type="checkbox"/> VISA                              | <input type="checkbox"/> DISCOVER         |
| <input type="checkbox"/> MASTERCARD                        |   |

AMOUNT \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

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

SIGNATURE (REQUIRED FOR CREDIT CARDS ONLY) \_\_\_\_\_

A portion of your membership is tax deductible. If you decline your membership benefits, the full value of your gift is tax deductible.

- I decline benefits.
- I would like to know more about the Williams Society and the benefits of planned giving. *All inquiries are held in strictest confidence and without obligation.*

Would you like to donate \$50 of your membership contribution to the Tate, Etienne, Prevost Center? (For levels \$100 or more)

- Yes  No

**Thank you for being part of The Collection.**

Mail completed form and gift to **Office of Development, The Historic New Orleans Collection, 533 Royal Street, New Orleans, Louisiana, 70130** Credit card payments may also be made by faxing this form to **(504) 556-7652**.

For more information call **(504) 598-7155**. *All inquiries are confidential and without obligation.*