



Membership Form

WAYS TO JOIN...

Online: Head to wexarts.org/join

On site: Visit the Patron Services Desk or Wexner Center Store

Phone: Call (614) 292-1777

Fax: Send your form to (614) 292-0158

Mail: Membership Office
Wexner Center for the Arts
1871 North High Street
Columbus, Ohio 43210

Sign me up.

Renew me.

MEMBERSHIP #

Send a gift membership.

I WANT TO ENCLOSE A SPECIAL WEXNER CENTER GIFT WITH THIS MEMBERSHIP. ADD \$10 TO THE TOTAL MEMBERSHIP AMOUNT

CHOOSE YOUR MEMBERSHIP LEVEL

- Friend** \$50-\$74 \$
- Household** \$75-\$124 \$
- Patron** \$125-\$249 \$
- Sponsor** Great value! \$250-\$499 \$
- Fellow** \$500-\$999 \$

MEMBER INFORMATION

NAME MS. MRS. MR. DR.

ADDITIONAL NAME MS. MRS. MR. DR.

ADDRESS

CITY/STATE/ZIP

HOME PHONE

WORK PHONE

E-MAIL(S)

EMPLOYER

I WOULD LIKE TO ENCLOSE A MATCHING GIFT FORM FROM MY EMPLOYER.

PREFERRED PUBLIC RECOGNITION (PATRON AND ABOVE)

FOR HOUSEHOLD LEVEL & ABOVE: All children 18 & under in your household are considered members. Please provide us with their names and birthdays. (Enclose additional names if needed)

NAME

DOB

NAME

DOB

GIFT MEMBERSHIP INFORMATION

GIFT RECIPIENT NAME(S)

ADDRESS

CITY/STATE/ZIP

PHONE HOME WORK

E-MAIL(S)

PLEASE SEND GIFT MEMBERSHIP TO ME GIFT RECIPIENT

GIFT MESSAGE

PAYMENT INFORMATION

(\$ _____ MEMBERSHIP AMOUNT) — (\$ _____ APPLICABLE DISCOUNTS) =

\$ _____ TOTAL AMOUNT ENCLOSED

ENCLOSED IS MY CHECK PAYABLE TO **WEXNER CENTER/THE OHIO STATE UNIVERSITY**

PLEASE USE PAYROLL DEDUCTION (OSU EMPLOYEES ONLY) MONTHLY BI-WEEKLY

SIGNATURE

PLEASE CHARGE MY MEMBERSHIP TO VISA MASTERCARD DISCOVER AMERICAN EXPRESS

ACCOUNT #

EXPIRATION DATE

NAME ON CARD

SIGNATURE

I WISH TO WAIVE THE BENEFITS THAT REDUCE THE TAX-DEDUCTIBILITY OF MY GIFT.