

American Friends of the

LOUVRE

60 Fifth Ave., New York, N.Y. 10011

- I/We would like to join the Chairman's Circle.
(minimum gift of \$10,000)
- I/We would like to join the Patron's Circle.
(minimum gift of \$5,000)
- I/We would like to join as a Patron.
(minimum gift of \$1,000)
- I/ We are unable to join at this time but would like to make a contribution of \$_____

CONTRIBUTION INFORMATION

Payment will be made in the following manner:

Enclosed is my check in the full amount
Please make checks payable to American Friends of the Louvre.

Please charge my contribution to:

AmEx Visa Mastercard

Card no. _____

Exp. _____

Name _____

Billing zip code _____

Signature _____

Amount to be charged:

- Contribution in full of \$_____
- Quarterly payments of \$____ charged automatically
- Monthly payments of \$____ charged automatically
- Other \$_____

MEMBER INFORMATION:

Name(s) as they should appear on any printed materials:

Mailing Address: _____

Telephone: _____

Office Phone: _____

Fax: _____

E-mail: _____

Assistant's name and e-mail: _____

Please return this form by mail or FAX to:

American Friends of the Louvre

60 Fifth Avenue

New York, New York 10011

FAX no. (212) 206-5106