



Yes, I want to support the Claremont Museum of Art in promoting the arts in our community. I want to help the museum revive and grow.

Name _____ Are you a Member? _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Yes, I have suggestions: _____

- Yes, I would like to
- Volunteer at museum events
 - Assist with family art activities
 - Assist with fund raising
 - Assist with education programs

Yes, I would like to donate to the Museum in the amount of: _____

I have enclosed a Check Signature _____

Credit Card Visa/MC # _____ Expiration Date _____

Please return this form to:
Claremont Museum of Art, P.O. Box 1136, Claremont, CA 91711