

# ENROLLMENT FORM



Full Company Name

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Contact Name

Title

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## Membership Category

Enclosed is our contribution for membership in the Corporate Patron Program at the American Museum of Natural History.

- Benefactor** (\$75,000 and above)
- Partner** (\$50,000 to \$74,999)
- Associate** (\$25,000 to \$49,999)
- Supporter** (\$15,000 to \$24,999)
- Friend** (\$5,000 to \$14,999)

Please make check payable to: **American Museum of Natural History**

Preferred organizational name for listings in various forms of public acknowledgement:

- We are interested in sponsorship opportunities at the American Museum of Natural History and would like to receive more information regarding exhibitions and programs available for sponsorship.
- We are interested in corporate events at the American Museum of Natural History and would like to receive more information about hosting an event.
- We are interested in receiving more information regarding Matching Gifts.

## Please return this form to:

American Museum of Natural History  
Office of Development  
Attention: Corporate Patron Program  
Central Park West at 79th Street  
New York, New York 10024-5192

