

Folger SHAKESPEARE LIBRARY

MEMBERSHIP

I/We wish to donate \$_____ and join at the following level:

Renaissance Circles

- \$1,500-\$2,499 Conservators' Circle
- \$2,500-\$4,999 Curators' Circle
- \$5,000-\$9,999 Librarian's Circle
- \$10,000+ Director's Circle

Friends of the Folger

- \$75-\$99 Individual
- \$100-\$249 Dual/Family
- \$250-\$499 Sustainer
- \$500-\$999 Patron
- \$1,000-\$1,499 Supporter

- I wish to deduct my full contribution and waive the benefits of membership.
- Please make my gift anonymous.
- I have remembered Folger Shakespeare Library in my will.
- Please send me information about making a bequest, life-income, IRA, life insurance, and other planned gifts.

DONOR NAME(S) _____
(Exactly as you wish to be recognized in Folger publications. Anonymity will be honored if requested.)

CONTACT NAME _____
(If different)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

PAYMENT OPTIONS

- Please charge my: American Express MasterCard VISA
- Card # _____ Exp. Date _____
- Name exactly as it appears on card _____
- Signature _____

- A check made payable to the **Folger Shakespeare Library** is enclosed.
- I will make a gift of stock (please contact the Development Office at 202.548.8777 for instructions).

If this is a partial payment, pledge payments(s) will be made on the following date(s): _____

My gift will be matched by: _____ Amount of matching gift: _____

Please include company's matching gift form. Note that many corporations and foundations will not match the non-deductible portion of your membership contribution.

PLEASE RETURN FORM TO:

**Folger Shakespeare Library Membership Office,
201 East Capitol Street, SE, Washington, DC 20003**

QUESTIONS: Contact Cari Romeu Mozur at 202.548.8777 or cmozur@folger.edu

THANK YOU FOR YOUR SUPPORT!