

AGA KHAN MUSEUM MEMBERSHIP FORM

GHRA _____

SELECT A MEMBERSHIP CATEGORY

- \$44 Student/Senior
- \$44 National/International
- \$65 Individual
- \$96 Family/Dual
- \$131 Contributing
- \$261 Sustaining
- \$435 Young Patron
- \$696 Dual Young Patron
- \$870 Patron
- \$2,175 Benefactor
- \$4,350 Museum Circle
- \$8,700 Curator's Circle
- \$21,750 Director's Circle

- I would like to include a donation
\$ _____

MEMBER INFORMATION

Name _____
(Mr./Mrs./Ms./Dr.)

Address _____

City _____ Prov/State _____

Zip Code _____ Country _____

Home/Cell # _____

Business Phone _____

Email _____

CITY _____

JAMATKHANA _____

IF DUAL MEMBERSHIP OR HIGHER

Second Cardholder Name (Mr./Mrs./Ms./Dr.) _____

GIFT DONOR INFORMATION

Donor Name _____
(Mr./Mrs./Ms./Dr.)

Donor Address _____

_____ Unit # _____

City _____ Prov/State _____

Zip Code _____ Country _____

Home/Cell # _____

Email _____

METHOD OF PAYMENT

- Cheque # _____
(Payable to the Aga Khan Foundation USA)

Total Amount \$ _____

RMT Vol1: _____

RMT Vol2: _____

Date _____

I do not wish to receive e-mail communications from the AKM

MAIL: Aga Khan Foundation U.S.A.
1825 K St, NW, Suite 901
Washington, DC 20006 202-293-2537
donorservices.akfusa@akdn.org

Thank you for your contribution to the Aga Khan Foundation U.S.A. Through an agreement between the Aga Khan Museum and the Aga Khan Foundation U.S.A. (AKF USA), donors to AKF USA are granted full membership benefits with the Aga Khan Museum.



RECEIPT GHRA _____

Received From: _____ RMT Name _____

Total Paid: _____ Membership Level: _____ Donation Amt: _____

Member Signature: _____ Date: _____

Your membership supports the exhibition and programs at the Aga Khan Museum. Thank You.