

The Blair Museum of Lithophanes

Museum Friends Membership Application

Name _____

Mailing Address _____

City _____ State _____ Country _____ Zip _____

Phone _____ Fax _____ Email _____

Yes, I would like to become a Friend of the Blair Museum of Lithophanes at the following membership level:

_____ Patron and Corporate sponsor \$10,000

_____ Benefactor \$1000

_____ Supporting \$500

_____ Business \$250

_____ Lifetime \$200

_____ Contributing \$125

_____ Family \$50

_____ Individual \$35

_____ Student and Senior Citizen \$25

Checks should be made payable to: *Friends of the Blair Museum.*

Please mail your contribution to:

The Blair Museum of Lithophanes
Membership Office
5403 Elmer Drive
Toledo, OH 43615 USA

For more information email curator@lithophanemuseum.org or phone 419-245-1356 or visit our website at www.lithophanemuseum.org

Please send more information about the Blair Museum of Lithophanes _____