

San Francisco Museum of Modern Art Curators' Circle Contribution Confirmation

Primary member name: _____

Secondary member name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Contribution Confirmation

I would like to support Curators' Circle at the following level:

- Enthusiast** (\$190 non-tax-deductible) \$ 2,500–4,999
 Enjoy first access to special exhibitions, bespoke events, and get to know SFMOMA's innovative curators on trips to art destinations across the country.
- Advocate** (\$190 non-tax-deductible) \$ 5,000–9,999
 Gain access to international and domestic art fairs!
- Patron** (\$265 non-tax-deductible) \$ 10,000–19,999
 Plan a private tour!

I would like to include the following additional Art Experience add-on memberships:

- Contemporaries** (fully tax-deductible) \$ 2,500
 To enroll in Contemporaries, you must hold a base Enthusiast-level Curators' Circle membership or higher.
- SECA** (fully tax-deductible) \$ 350
 To enroll in SECA, you must hold a base Supporter-level (\$300/year) membership or higher.

Your total contribution \$ _____

Please indicate your payment method:

- Check** enclosed payable to SFMOMA, 151 Third Street, San Francisco, CA 94103
- Credit card #** _____ Exp. _____
 CVV: _____ Billing zip code: _____
 Signature (required): _____
 - I opt in to SFMOMA's Membership Automatic Renewal Program** (Terms + Conditions below).
 - I would like to pay in installments. Please enroll me in a Curators' Circle subscription plan!**
 I would like to pay a total of \$ _____ over the course of _____ months.
 Please charge my card in equal installments on either: __the 1st of each month OR __ the 15th of each month
- Stock or wire transfer.** Please contact SFMOMA to make arrangements prior to transfer.
- Donor Advised Fund or foundation.** I hereby waive all tangible benefits.
 Name of the DAF or foundation: _____
Donors should consult their Donor Advised Fund manager, tax advisors, and/or legal counsel to determine the tax treatment of their proposed contributions.
- Pledge** payable in amount of \$ _____ by ____/____/____ (payment date)
 Signature (required): _____
- My employer will match my gift. Name of employer: _____
Visit sfmoma.org/matching-gifts to learn more.
- I would like to learn more about the **Grace McCann Morley Legacy Society**.
Visit sfmoma.planningyourlegacy.org/grace-mccann-morley-legacy-society to learn more.

Please choose how you would like to be recognized:

- Please list me in donor recognition materials as: _____
- I would like my gift to remain anonymous.

Thank you for your generous support!

SFMOMA's Tax ID Number is 94-1156300.

Please return this form to:
 Attn: Philanthropy
 151 Third Street
 San Francisco, CA 94103

For additional information, please email curatorscircle@sfmoma.org or call 415.614.3214.

Automatic Renewal Program Terms + Conditions: *By checking the box above, I confirm that I would like to register for SFMOMA's Membership Automatic Renewal Program, which will continue until I affirmatively opt out of the program. SFMOMA will charge my credit card annually as a recurring transaction at the then-current rate for my membership level. SFMOMA will send me a reminder 30–60 days prior to the annual renewal, at the email or mailing address provided on my account, and I may affirmatively opt out of the program at that time. I may cancel my participation in the Automatic Renewal Program at any time by notifying SFMOMA by phone at 415.614.3214, by email at curatorscircle@sfmoma.org, in person, or by mail to SFMOMA.*