

ALBANY INSTITUTE OF HISTORY & ART

BUSINESS MEMBERSHIP/CORPORATE PARTNER APPLICATION

Company Name (as you wish it to appear in donor listings)

Address

City

State

Zip Code

Contact Name

Title

Telephone

Fax

Email

URL

Please enroll us as an Albany Institute Corporate/Business Supporter at the following level:

BUSINESS MEMBER

- \$250
- \$500

CORPORATE PARTNER

- \$1,000
- \$1,500
- \$2,000
- \$5,000

Employee Membership Contact

Title

Tel

Matching Gifts: Our company matches gifts made by its employees to the museum.

Please contact me about corporate sponsorship opportunities for upcoming exhibition, events or programs

- A check for \$_____ is enclosed**
- Please bill me**
- Please charge to my credit card (MasterCard, Visa America Express or Discover)**

Card #

Security Code

Name on Card

Expiration Date

THANK YOU!