

MEMBERSHIP

I choose to support the Snite Museum of Art by becoming a member of the Friends at the following level:

Little Friends
Program



CONTACT INFORMATION

name(s) _____

address _____

city _____

state _____

zip _____

e-mail address _____

daytime phone _____

I have enclosed a check payable to the Friends of the Snite Museum for: \$ _____

Please mail the check to: Friends of the Snite Museum of Art

P.O. Box 368

Notre Dame, IN 46556-0368

-OR-

Visit supporting.nd.edu/FriendsofSnite to give online (automatic payment schedules available)

-OR-

Charge to my: Visa MasterCard AmEx Discover

number _____

expiration date _____