




































Friends of the Museums

	Benefactor \$5,000	Patron \$1,000	Sponsor \$500	Partner \$250	Donor \$100
Gift of notecards from Museums					
Annual Museums newsletter					
Monthly Museums e-news					
Friends of the Museums card					
Advance notice and priority registration for programs and events					
Invitation to Museums breakfast at General Convention					
Invitations to special events at The Heritage Museum of Kappa Kappa Gamma and The Stewart House					
“Behind the Scenes” guided tour for members and up to three guests at museum of your choice; By appointment only					
Special overnight accommodations at museum of your choice (Reservation subject to availability)					
Opportunity to hold one private special event at The Heritage Museum or The Stewart House					

Friends of the Museums benefits are offered on **an annual basis**. Unless special accommodations are made, Friends may claim benefits only within the fiscal year in which gift was received.

Yes! I would like to become a Friend of Kappa Kappa Gamma Museums as a

- Benefactor \$5,000 Patron \$1,000
 Sponsor \$500 Partner \$250
 Donor \$100

Enclosed is my check in the amount of _____ made payable to the Kappa Kappa Gamma Foundation (memo to Friends of the Museums).

Please send my Friends benefits to:

(Name)

(Mailing Address)

(City, State, Zip Code)

(Email Address)

Please complete and mail this form to:
 KKG Foundation • P.O. Box 38
 Columbus, OH 43216-0038

Please charge my credit card:

- MasterCard Visa
 Discover American Express

(Credit Card Number) (Exp. Date) (Security Code)

(Name of Cardholder)

(Cardholder's Signature)

(Credit Card Billing Address)