



Thank you for your interest in becoming a supporting member of the Gallery of Hope or by supporting one or more of our many exhibits and projects!

It is only with your generosity and support that we can bring these moving photographic exhibits and programs to our community.

We welcome everyone to join our family and help in any way so that we may continue to bring stimulating, provocative, and inspiring photographic works to the Gallery of Hope by artist from around the world.

Here are just a few of the benefits for all levels of membership!

- ❖ Entry to Members Only Events, Lectures and Receptions
- ❖ First to receive invitations to special events, speakers and programs.
- ❖ 10% Discount on gift items* from our gallery store
(*Small Gift Prints, Note Cards, T-Shirts and Coffee Mugs)

How does your Support and Sponsorship Help?

It enables us to...

- ❖ Bring established and upcoming fine art photographers to our area
- ❖ Bring high quality awareness and documentary photography exhibitions to our gallery
- ❖ Continue to provide photographic education, programs and opportunities to the underprivileged, students and seniors interested in the photographic arts
- ❖ Establish and maintain a Student Scholarship Fund
- ❖ Establish and maintain a Artist in Residence program
- ❖ Promote the love and enjoyment of all facets in the photographic arts

To complete your membership, please fill out the second page and return it along with your check or credit card information and return to the address above.

**Please make checks payable to:
Gallery of Hope**

**Please visit our website to see the benefits of all levels
you may also join and purchase your membership online:**

Images that move you!



MEMBERSHIP LEVELS

Basic Supporting Membership	\$25.00
Supporting Family Membership	\$40.00
Student Photographer Membership	\$35.00
Photographic Enthusiast Membership	\$75.00
Photographic Artist Membership	\$75.00

First Name: _____

Last Name: _____

Spouse's / Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Membership Level(s): _____ Amount: _____

Credit Card Information

Please circle your card type

American Express Discover Mastercard Visa

Name: _____

(as it appears on card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Expiration Date: _____

CCV/Security Code: _____

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