

We take pleasure in inviting you to join our Privilege Membership Program. The program was established to support the Foundation in a variety of activities and projects.

By becoming a Privilege Member of the M.T. Abraham Foundation you will be joining a group of dedicated people who, as a single unit, take part in enabling the foundation to further develop its educational programs for youth and to allow its collections to be exhibited in remote venues that cannot muster enough funds for such activities.

The Friends of M.T. Abraham Foundation are both corporate and individual members. Please fill out the form and send it to: [members@mtabraham.org](mailto:members@mtabraham.org)

*I want to join the Privilege Membership Program of the M.T. Abraham Foundation*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

*Our corporation/company would like to be enrolled as a Privilege Member of the M.T. Abraham Foundation*

Corporation/company name \_\_\_\_\_

Name of corporate/company representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

*Additional Friends*

I would like to enroll the following members of my family as Friends:

Name \_\_\_\_\_  
Relationship (spouse, child, etc.) \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_

Name \_\_\_\_\_  
Relationship (spouse, child, etc.) \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_

Name \_\_\_\_\_  
Relationship (spouse, child, etc.) \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_

My gift is In Honor of \_\_\_\_\_ In Memory of \_\_\_\_\_

Please notify the following person of my gift:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Membership fee: 1,500 Euros (per person, including each additional family member).

I would like to increase my support by making an additional donation of \_\_\_\_\_ Euros  
Enclosed find my check payable to the M.T. Abraham Foundation in the amount of: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

From time to time the M.T. Abraham Foundation would like to update you by post or e-mail on forthcoming events, exhibitions and other activities. However, if you do not wish to receive information in addition to your membership mailings please check this box.