

- Visionary Society | \$7,500** (FMV: \$157)
- All benefits
- Leadership Circle | \$5,000** (FMV: \$157)
- All benefits
- Scholar | \$3,000** (FMV: \$157)
- All benefits
- Explorer | \$1,500** (FMV: \$157)
- All benefits of Benefactor
 - 4 additional parking passes
- Benefactor | \$1,000** (FMV: \$145)
- All benefits of Patron
 - 4 additional Avampato Discovery Museum passes
- Patron | \$750** (FMV: \$109)
- All benefits of Partner
 - 2 additional parking passes
- Partner | \$500** (FMV: \$103)
- All benefits of Supporter
 - 2 additional Avampato Discovery Museum passes
 - 2 additional Caperton Planetarium and Theater passes
- Supporter | \$350** (FMV: \$79)
- Clay Center Family Membership
 - Free admission at hundreds of museums through the North American Reciprocal Museums Program (NARM) and science centers through the Association of Science Technology Centers Reciprocal Program (ASTC)
 - Concert Club access, which offers ticket savings of \$5 per ticket (limit 6) to most *Live at Maier Hall* shows plus the chance to purchase tickets before the general public and no online ticket handling fees
 - 2 drink tickets
 - 2 Avampato Discovery Museum passes
 - 6 Caperton Planetarium and Theater passes
 - 2 parking passes



Annual Fund Donation Information

- I would like to invest in the Clay Center by making a gift of \$_____ to the Annual Fund!

Donor Information

Name(s): _____

Address: _____

City / State / Zip: _____

Email: _____

Phone: _____

Name as it should appear in donor listings:

- I accept the Membership Benefits. *(See reverse for details.)*
- I decline the Membership Benefits. *(See reverse for details.)*

Giving Options

- A check is enclosed, payable to the **Clay Center**.
- I have transferred stock or other securities.
- I donated online at **theclaycenter.org**.
- Please charge my credit card; Visa, MasterCard, AmEx and Discover accepted.

Card No.: _____ Exp.: _____

Signature: _____

- I would like to contribute \$_____ /month for 12 months, for a total contribution of \$_____.

By checking this box and signing above, you authorize the Clay Center to charge the monthly amount indicated to your card. If you accept Membership Benefits, they will be issued to you following receipt of this form. An acknowledgement of your total contribution will be issued following final payment.

Questions relating to the Annual Fund can be directed to
Amanda Pollard, Annual Giving Coordinator
304-561-3500 ext. 3566 | apollard@theclaycenter.org