



ROCK AND ROLL
HALL OF FAME + MUSEUM

Please print this form and mail or fax it to the address listed below.

Name: _____

Address: _____

City: _____

State/Zip: _____

Day Phone: () _____

Preferred E-mail: _____

PLEASE DESIGNATE MY GIFT/PLEDGE AS FOLLOWS

Annual Fund:

Gift amount: \$ _____

Donor's Circle

- \$500 - Silver
- \$1,000 - Platinum
- \$2,500 - Chairman's Club
- \$5,000 - Rock Star
- \$10,000 - Legend

Corporate Donor Levels

- \$1,000 - Opening Act
- \$2,500 - Performer
- \$5,000 - Promoter
- \$10,000 - Producer

- I wish to decline the member benefits
- I prefer this gift/pledge remain anonymous

SPECIAL INSTRUCTIONS:

Thank you for your support!

METHOD OF PAYMENT

Check: (Made payable to the Rock and Roll Hall of Fame and Museum)

Credit Card:

- MC
- VISA
- AMEX
- Discover

Name as it appears on credit card: _____

Account Number: _____

Expiration Date: _____

Signature: _____

A Pledge. I wish to make a pledge of \$ _____

I wish to pay my pledge in equal installments. Please schedule my payments as follows:

\$ _____ Date: _____
 \$ _____ Date: _____
 \$ _____ Date: _____
 \$ _____ Date: _____
 \$ _____ Date: _____

DOUBLE YOUR GIFT

If you or your spouse work for a matching gift company, please obtain and initiate the necessary form(s).

- I would like to include the Museum in my Will; please send information.

Send or Fax this Form To:

Rock and Roll Hall of Fame and Museum
1100 Rock and Roll Boulevard
Cleveland, Ohio 44114-1022

1-216-515-1233 • Fax: 216-515-1500