

## **Business Council Membership Form**

### **PRIMARY CORPORATE CONTACT**

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Name

Title

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Company Name (as you would like to be recognized)

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Address

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City

State

Zip Code

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Phone

Fax

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E-mail

### **WE WOULD LIKE TO JOIN THE IMA BUSINESS COUNCIL AT THE FOLLOWING LEVEL:**

- MEMBER** (\$2,500–4,999)    **ASSOCIATE** (\$5,000–7,499)    **PARTNER** (\$7,500–9,999)    **SPONSOR** (\$10,000+)

*In exchange for your contribution, you may elect to receive the appropriate level of benefits, valid for 12 months. By accepting benefits, we estimate the following amounts are deductible for tax purposes: Member—contribution less \$330, Associate—contribution less \$870, Partner—contribution less \$1,160, Sponsor—contribution less \$2,960.*

- We wish to waive IMA Business Council benefits to ensure full tax-deductibility of our contribution.

### **PAYMENT INFORMATION**

- Please provide us with an invoice in the amount of \$ \_\_\_\_\_

- Enclosed is our check for \$ \_\_\_\_\_

*Please make check payable to the Indianapolis Museum of Art and mail to:*

IMA Business Council  
Attn: Lori Grecco  
4000 Michigan Road  
Indianapolis, IN 46208

Thank you for your participation on the IMA Business Council.