

## Museum Pass Program INVOICE

☐ New Member   ☐ Renewing Member

Please provide the most up-to-date information:

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### PLEASE CHOOSE MEMBERSHIP LEVEL AND PASS SYSTEM:

#### MEMBERSHIP LEVEL (please choose ONE)

Choose number of passes. Each pass can be used any day within the 12 months of your membership.

☐ **Tier 1:** 75 FLEX Passes for \$225   ☐ **Tier 2:** 150 FLEX Passes for \$275   ☐ **Tier 3:** 300 FLEX Passes for \$375

#### PASS SYSTEM (please choose ONE)

*\*Email must be provided \**

☐ I'd like to use our library's reservation system:

System used: \_\_\_\_\_

We will give you language to include on your own reservation system.

*\*Email must be provided \**

☐ I'd like to receive an ISGM Digital Pass PDF:

You will receive a digital pass which can be forwarded to patrons via email, or printed out at the library to hand out.

☐ I'd like to only receive printed passes: You will receive a set of printed flex passes of your chosen amount—no digital materials.

☐ **Enclosed is a check made payable to Isabella Stewart Gardner Museum**

☐ **I would like to pay my membership fee by credit card:**

☐ American Express   ☐ Visa   ☐ MasterCard   ☐ Discover

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Please allow 2-3 weeks for processing.

To learn more about the recent changes to our Museum Pass Program, visit [www.gardnermuseum.org/join-give/library-membership](http://www.gardnermuseum.org/join-give/library-membership)

**Mail this completed form to:**  
Isabella Stewart Gardner Museum  
Attn: Membership Office  
25 Evans Way  
Boston, MA 02115

**To renew by phone:**  
Please call 617 566 5643

#### **Questions?**

Contact us at 617 566 5643 or  
[membership@isgm.org](mailto:membership@isgm.org)