



# International Museum of Surgical Science

A Division of the International College of Surgeons

Print, complete and mail to:

Int'l Museum of Surgical Science  
Corporate Membership  
1524 N. Lake Shore Drive  
Chicago, IL 60610

Or complete and email to:

catherine@imss.org with  
subject line: **Corporate**

## Membership

Call IMSS Member Services

at 312-642-6502 or email

Catherine White at

catherine@imss.org if you have  
any questions or prefer to make  
payment over the phone.

## MEMBERSHIP INFORMATION

I would like to purchase a corporate membership to the International Museum of Surgical Science to support public programming, education and new exhibitions, at the level of:

\$1,000 Friend

\$2,500 Contributor

\$5,000 Supporter

\$10,000 Benefactor

\$15,000 Leader

Other \$ \_\_\_\_\_

## COMPANY INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Primary Contact Email

\_\_\_\_\_  
Phone

## PAYMENT INFORMATION

Enclosed is my check payable to: International Museum of Surgical Science

Check #: \_\_\_\_\_

*or*

Credit Card:  AMEX  MC  VISA  DISCOVER

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Exp. Date

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

\_\_\_\_\_  
Signature

*Payments may be made in installments. Contact us to tailor a program to your individual needs.*