

MUSEUM OF RHINEBECK HISTORY SUPPORTERSHIP FORM

PO Box 816, RHINEBECK, NY 12572

<http://rhinebeckmuseum.com>

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Phone: 845-554-6331

DUES INVOICE FOR THE PERIOD January 1 through December 31, 2018

Name _____

Address _____

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Enclosed is my tax-deductible check in the amount of \$ _____

Make checks payable to MUSEUM OF RHINEBECK HISTORY and mail to the Museum at the address above. Thank you!

Please enclose your employer's form if your employer has a matching grant program (e.g. IBM).

Please apply my payment for the year 2018 as follows:

Lifetime.....\$1,000 _____ Lifetime option \$250 x 4 years _____

Individual.....\$15 _____ Family.....\$25 _____

Sponsor.....\$100 _____ Business/Patron.....\$50 _____

Added Donation.....\$ _____

If you have already paid your supportership dues for the year, please disregard this form. Contact us if you are unsure about whether you have paid.

NOTE: If you have artifacts related to Rhinebeck's history that you wish to donate to us, please check below and someone from the Museum will be in touch with you. _____