

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, 2017

Name _____

Address _____

City, State, ZIP

Phone _____

Email _____

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 2017 as follows:

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

Individual.....\$10 _____ Family.....\$15 _____

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

Added Donation.....\$ _____

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. _____