

## MUSEUM OF RHINEBECK HISTORY SUPPORTERSHIP FORM

**PO Box 816, RHINEBECK, NY 12572**

<https://rhinebeckmuseum.com>

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Phone: 845-554-6331

DUES INVOICE FOR THE PERIOD January 1 through December 31, \_\_\_\_\_

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 \_\_\_\_\_ 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 sent your support 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. \_\_\_\_\_