

THOMAS COLE NATIONAL HISTORIC SITE



MEMBERSHIP APPLICATION

I would like to become a member of Thomas Cole National Historic Site. Please enter my name at the membership level indicated. Memberships are active for one year and are tax deductible to the full extent of the law.

NAME (MR., MRS., MS.) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____

I/We have enclosed a check in the amount of \$ _____

OR

CREDIT CARD NUMBER _____ EXP. DATE _____

SIGNATURE _____

I am enclosing my company's matching gift form with my Membership payment.

Memberships make wonderful gifts. Mail my gift to:

NAME (MR., MRS., MS.) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Level of Gift Membership \$ _____

Recipient will receive card reading "Gift from" as indicated on your application. Gift memberships are also eligible for matching gifts.

Make check payable to:

The Thomas Cole National Historic Site
P.O. Box 426
Catskill, NY 12414
fax 518 943-0652

RENEWAL NEW MEMBER

INDIVIDUAL \$50

DUAL/CONTRIBUTOR \$100

SPONSOR \$250

PATRON \$500

BENEFACTOR..... \$1,000

ANGEL..... \$5,000