



Garden City Historical Society
P.O. Box 179, Garden City, New York 11530

Title: M/M, Mr., Mrs., Ms., Dr. (Circle one)

Name _____

Address _____

City/State/ZIP _____ Email _____

Annual Fund \$ _____
(supports the operating budget)

Capital Campaign Fund \$ _____
(Restoration/preservation of the exterior of the Museum)

Membership Donation \$ _____
(see categories below)

Building and Grounds Fund \$ _____
(maintenance/restoration of Museum interior; grounds upkeep)

Archives and Acquisitions Fund \$ _____
(to acquire GC related artifacts)

St. Paul's Preservation Fund \$ _____
(help defray expenses associated with future preservation efforts)

Membership categories:

- Senior Citizen (per person).. \$15
- Individual..... \$25
- Family..... \$35
- Business,
 Institutional or
 Professional..... \$100
- Sustaining..... \$100
- Life..... \$500

All donations are tax deductible.

Please check:

- New member
- Renewal
- My company has a matching funds policy. Please contact me.
- Call me about volunteer opportunities.
- I am interested in donating or lending artifacts to the Historical Society Museum.