

# 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