

PEEKSKILL MUSEUM MEMBERSHIP CARD
KEEP THIS CARD FOR YOUR RECORD AND FOR ADMISSION TO MUSEUM EVENTS

Date of Membership Donation: _____

Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Museum Hours: Saturdays 1 to 4 pm
or by appointment, phone: (914) 736-0473

PEEKSKILL MUSEUM MEMBERSHIP FORM

Please indicate your choice of membership:

- | | | |
|---|---|---|
| Individual \$25. <input type="checkbox"/> | Senior: Individual \$20. <input type="checkbox"/> | Business: \$75. <input type="checkbox"/> |
| Family \$35. <input type="checkbox"/> | Senior: Couple \$30. <input type="checkbox"/> | Benefactor: \$100. <input type="checkbox"/> |
| Student: \$15. <input type="checkbox"/> | Sustainer: \$250. <input type="checkbox"/> | Patron: \$500. or more <input type="checkbox"/> |

If you wish to donate above your membership category, or wish to donate anonymously, please indicate your amount \$_____.

Name: _____ Special Interest: _____

Your Mailing Address: _____

Date of Donation: _____ Phone: _____

Your E-Mail Address: _____

Please make checks payable to:

Peekskill Museum, P.O. Box 84, Peekskill, NY 10566-0084
Contributions are tax deductible: Museum IRS #13-2885457