

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"/>
Sustainer: \$250. <input type="checkbox"/>			Patron: \$500. or more <input type="checkbox"/>					

Name: _____

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