

**The Fort Edward Historical Association, Inc.
Membership Application**

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

As a publically sponsored institution under Section 501©(3) of the Internal Revenue Service Code, the Fort Edward Historical Association is classified as a non-profit organization, to which contributions are deductible for Federal estate, gift and income tax purposes.

Please make checks payable to: FORT EDWARD HISTORICAL ASSOCIATION.

Individual

Corporate

__ \$1,000.00 Life Membership (Single)

__ \$5,000.00 Platinum Sponsor

__ \$ 500.00 Sustaining Member

__ \$1,000.00 Gold Pacesetter

__ \$ 250.00 Supporting Member

__ \$ 750.00 Benefactor

__ \$ 100.00 Contributing Member

__ \$ 500.00 Sustaining

__ \$ 50.00 Patron

__ \$ 300.00 Supporting

__ \$ 35.00 Family (#__)

__ \$ 200.00 Contributing

__ \$ 25.00 Individual Membership

__ \$ 100.00 Corporate Patron

__ \$ 20.00 Student/Senior Membership

\$ __ **ADDITIONAL CONTRIBUTION**

__ New Member

__ Renewal

_____ Date

__ I have enclosed a matching gift form to maximize my gift with a contribution from my company.

__ I am interested in receiving information on planned giving to benefit the Fort Edward Historical Association, Inc.

date received _____ *amount* _____

**29-31 Broadway
P.O. Box 106
Fort Edward, NY 12828
(518) 747-9600 oldfort@albany.twcbc.com**

