



MEMBERSHIP & DONATION FORM

HELP US REACH OUR VISION

Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date _____

Membership Level (check one)

Individual \$25 ____ Family \$40 ____ Senior Couple \$25 ____ Patron \$100 ____

Lifetime \$1000 ____ Corporate \$100 ____ Corporate Lifetime \$1200 ____

Special Donation (specify amount) _____

Payment: Check # ____ Visa: ____ MasterCard: ____ Card# _____ Exp Date: _____

Would you like to become a **volunteer?** Please check areas of interest:

Serve on a committee ____ Contribute food for events ____ Volunteer for special events ____

Volunteer in Gift Shop ____ Volunteer to be a tour guide ____

Yearly or Lifetime Membership includes: subscription to a quarterly newsletter, 10% discount at our gift shop, \$100 community room rental and free admission to the Birthplace and Museum for individual (individual member), immediate family (family and lifetime members), or bearer and one guest (corporate members).

All contributions are tax deductible. Make a copy for your records. Mail completed form and payment to: Wilbur Wright Birthplace 1525 N. 750 East Hagerstown, IN 47346

Like us on **Facebook!!!**

email: wilbur@nltc.net

Website: www.wwbirthplace.com

Supported by the Henry County Community Foundation

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Member of the New Castle Chamber of Commerce