



TRUST GIFT MEMBERSHIP FORM

Date: _____

YOUR NAME: _____

*Fill out this form for **each** gift membership you are gifting.*

Choose membership level for guest
(reduced rates):

- ☐ Individual \$25
- ☐ Couple \$45
- ☐ Corporate \$100
- ☐ Individual Life \$500

GUEST INFO

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

GUEST SPOUSE/PARTNER INFO

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Please make your check payable to *Somerset County Historical Trust, Inc.*
and mail with this form to:

SOMERSET COUNTY HISTORICAL TRUST
Attn: Membership
PO Box 863
Princess Anne, MD 21853