

HASTINGS HISTORICAL SOCIETY ANNUAL MEMBERSHIP DUES

Effective Jan. 1 through Dec. 31 of calendar year.

Please make checks payable to Hastings Historical Society and mail with this form to Hastings Historical Society, 407 Broadway, Hastings-on-Hudson, NY 10706.

Membership level: Please check one.

_____ \$25 General _____ \$50 Supporting _____ \$75 Business/Professional/Corporate

_____ My employer has a Matching Grant Program for educational institutions. (Please enclose application.)

Additional contribution:

Additional contributions above membership are greatly appreciated and tax-deductible.

Endowment Fund\$ _____

For oral history transcription, programs, exhibits and archival work\$ _____

Total enclosed\$ _____

Member information:

Name _____

(Women who grew up in Hastings, please indicate maiden name.)

Address _____

Email address (optional) _____

We are always in need of more volunteers. Please indicate if you would like to join us. _____

Telephone _____

For gift memberships only:

Giver Information:

Giver name _____

Address _____

Thank you for your support!