

Membership Renewal Form

Charlotte County
Historical Center
Society

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Please advise change of name, address or phone

Don't Forget: your Charlotte County
Historical Center Society membership
entitles you to free admission to 280+
museums, science centers, etc., worldwide
(20 in Florida)

Membership Information

Date: _____

Membership Amount: \$ _____

Endowment Fund: \$ 10.00
(optional)

Total Contribution: \$ _____

- | | |
|--------------------------------------|---------|
| <input type="checkbox"/> Angel | \$1,000 |
| <input type="checkbox"/> Benefactor | \$ 500 |
| <input type="checkbox"/> Donor | \$ 100 |
| <input type="checkbox"/> Friend | \$ 50 |
| <input type="checkbox"/> Family | \$ 35 |
| <input type="checkbox"/> Grandparent | \$ 35 |
| <input type="checkbox"/> Individual | \$ 25 |

E-mail address (optional): _____

Membership levels described on reverse.
All memberships renew annually from month of application.

Payment Information

- Check or money order payable to Museum Society, Inc.
- Charge my MasterCard or Visa:

Card #: _____ Expiration date: _____

Signature: _____ 3 digit #on back of card _____

Zip code where you get your statement _____

Other Information

- My employer has a matching gifts program.
Company name: _____ Phone #: _____
- Please send information about Charitable Remainder Trusts and other gifts to the Museum.
- I would like information about volunteering at the Museum.

Museum Society, Inc.
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historicalcenter@charlottefl.com