

I WISH TO JOIN THE TONGANOXIE COMMUNITY HISTORICAL SOCIETY

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ EMAIL _____

MEMBERSHIP TYPE:

CONTRIBUTOR LEVELS:

STUDENT \$ 10.00 _____

SUPPORTER \$100.00 _____

INDIVIDUAL \$ 15.00 _____

SPONSOR \$250.00 _____

FAMILY ** \$ 25.00 _____

PATRON \$500.00 _____

INDIVIDUAL LIFE \$ 150.00 _____

BENEFACTOR \$1,000.00 _____

** FAMILY MEMBERS MUST RESIDE IN THE SAME HOUSEHOLD

PLEASE LIST NAMES _____

I WISH TO MAKE A TAX-DEDUCTIBLE DONATION TO TCHS

AMOUNT \$ _____

NOTES _____

PLEASE MAKE CHECK PAYABLE TO TCHS AND MAIL TO:

Tonganoxie Community Historical Society
P.O. Box 785
Tonganoxie, Ks. 66086-0785