

GIFT MEMBERSHIP FORM

Share the History Center with a friend or family member.

Print, complete, and mail the following with your payment:

Donor Information:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Gift Recipient Information:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

Please send membership cards to:

___ Please send membership card to me to give to the recipient

___ Please send membership card directly to the recipient and include the following message or enclosed note (optional):

Note: *(Please include your personal message below)*

___ \$25 Student/ Senior Citizen

___ \$50 Individual

___ \$75 Family

___ \$100 Clay Street Council

Each of these contributions is fully tax deductible

___ Check enclosed made payable to: Valentine Richmond History Center

___ Charge to my: Visa, Mastercard, American Express

Account number: _____

Expiration date: _____

Authorized Signature: _____

Contact:

Development Office: 649-0711 ext. 339; membership@richmondhistorycenter.com

Mail To:

Development Office

Valentine Richmond History Center

1015 E. Clay Street

Richmond, VA 23219