

Hillwood Friends Membership Application Form

(Mr./Mrs./Ms./Miss/Dr.) _____

Mailing Address _____

_____ [Please check here if your address has changed within the past year]

Phone (h) _____ (w) _____

e-mail _____

New ____ **Renewing** ____

____ Individual \$50
\$40 tax deductible

____ Patrons \$250
\$200 tax deductible

____ Dual/Family \$75
\$55 tax deductible

____ Donors \$500
\$400 tax deductible

____ Individual Contributor \$100
\$75 tax deductible

____ Sponsors \$1000
\$800 tax deductible

____ Dual/Family Contributors \$150
\$100 tax deductible

Gift Membership! Please send renewal notice to me _____ to gift recipient _____

____ Individual \$50

____ Patrons \$250

____ Dual/Family \$75

____ Donors \$500

____ Individual Contributor \$100

____ Sponsors \$1000

____ Dual/Family Contributors \$150

PAYMENT

Check enclosed payable to Hillwood Museum _____

Charge to VISA ____ **MasterCard** ____ **American Express** ____

Card # _____

Exp. Date _____

Total Payment _____

Please send this completed form with payment to:
Membership Department
Hillwood Estate, Museum & Gardens
4155 Linnean Avenue, N.W.
Washington, DC 20008

THANK YOU!