



Membership Payment Form

Mailing Address
 2001 Hwy 25 N, PO Box 304
 Buffalo, MN 55313

Date: _____

Membership Purchased for:

Individual or Family (must live in same household) or **Business Name and contacts:**

1st Adult: Mr. Mrs. Ms. Dr. Other _____
 1st Adult: First Name: _____ MI: _____ Last Name: _____
 2nd Adult: Mr. Mrs. Ms. Dr. Other _____
 2nd Adult: First Name: _____ MI: _____ Last Name: _____
 Business Name: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: () _____ Email: _____

Gift Membership Purchased for:

Individual or Family (must live in same household)

1st Adult: Mr. Mrs. Ms. Dr. Other _____
 1st Adult: First Name: _____ MI: _____ Last Name: _____
 2nd Adult: Mr. Mrs. Ms. Dr. Other _____
 2nd Adult: First Name: _____ MI: _____ Last Name: _____
 Children's Names: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: () _____ Email: _____

* Send renewal notice for this gift membership to: Me Gift Recipient

Membership Levels (annually)

- Student \$ 5
- Individual or Family \$ 15
- Business \$ 25

Please make your check payable to:
Wright County Historical Society or WCHS

Gifting Levels

- Supporter \$ 50
- Donor \$ 100
- Sponsor \$ 250
- Archivist \$ 500
- Curator \$ 750
- Patron \$1000

May we acknowledge your gift in our newsletters, website and annual report? _____

**The Wright County Historical Society is a not-for-profit, 501(c)3 organization.
 All membership and cash donations receive a tax-deductible receipt.**

Thank you for your support.

For Staff Use only:

Date received: _____ Received by: _____

Check #: _____ Total: _____

Letter sent: _____ Date: _____ Entered: _____