



Gift Membership Application

Giver Information

Name: _____
Mr./Mrs./Ms. First Middle Initial Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ *Email: _____

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Recipient Information

Name: _____
Mr./Mrs./Ms. First Middle Initial Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ *Email: _____

Membership Level *(select one)*

- | | |
|---|--|
| <input type="checkbox"/> Senior Citizen (65 and over) \$40 | <input type="checkbox"/> Pioneer Circle \$100 |
| <input type="checkbox"/> Individual \$50 | <input type="checkbox"/> Bonham Circle \$250 |
| <input type="checkbox"/> Senior Citizen Couple (65 and over) \$55 | <input type="checkbox"/> Confederation Circle \$500 |
| <input type="checkbox"/> Family \$60 | <input type="checkbox"/> Golden Plough Circle \$1,000 |
| | <input type="checkbox"/> Lafayette Circle \$2,500 and up |

Name(s) as you want them to appear on your recipient Membership Card(s):

Card 1: _____

Card 2: _____

Card 3: _____

Card 4: _____

Payment Options

Credit Card

Please charge my/our membership to Visa MasterCard Discover

Card Number _____ Expiration Date _____ CVV _____

Check

Please make checks payable to *York County History Center*.

Thank you for your generous support of the History Center!

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