



PRESERVATION DELAWARE

P.O. Box 70
New Castle, DE 19720
302.322.7100

Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Enclosed is my/our check for \$ _____ made payable to Preservation Delaware.

Please bill my Mastercard/Visa for \$ _____ Card No. _____

Exp. Date ____/____/____ Signature _____ CSC _____

(3 digit code on card back)

I/We are pleased to support Preservation Delaware by becoming a member and/or making a contribution.

Membership

INDIVIDUAL- HOUSEHOLD	NONPROFIT BUS. – GOVERNMENT	BUSINESS
<input type="checkbox"/> Student \$30	<input type="checkbox"/> Nonprofit / Government \$60	<input type="checkbox"/> Heritage Sponsor \$300
<input type="checkbox"/> Individual \$40	<input type="checkbox"/> Business \$125	<input type="checkbox"/> Heritage Partner \$500
<input type="checkbox"/> Household \$60	<input type="checkbox"/> Colleague \$150	<input type="checkbox"/> Heritage Benefactor \$1,000
<input type="checkbox"/> Preservation Donor \$200		<input type="checkbox"/> Bus. Cornerstone \$5,000
<input type="checkbox"/> Preservation Patron \$500		<input type="checkbox"/> Bus. Keystone \$10,000
<input type="checkbox"/> Cornerstone \$5,000		
<input type="checkbox"/> Keystone \$10,000		

Help us expand our outreach programs and educational initiatives by adding any or all of the following support categories to your membership at \$15 each:

Historic Preservation Commissions Young Preservationists Heritage Conservation

Contribution

I/We wish to support the efforts of Preservation Delaware by making a contribution of \$ _____ .

Thank you again for your continued support of Preservation Delaware.