

Come Join Us!

Please complete this form and return it to:
Fairfield Museum and History Center
370 Beach Road, Fairfield, CT 06824

NEW MEMBER

RENEWAL

GIFT

Please enroll me at the following level of membership:

Individual: \$40

Supporter: \$250

Family: \$80

Patron: \$500

Contributor: \$100

Benefactor: \$1,000

Member's Name

Spouse's Name

Street Address

City

State

Zip

Telephone Home Cell

E-mail (*Help us be green! We will not share your email.*)

Enclosed is my **CHECK** for \$_____ (payable to Fairfield Museum and History Center)

Please charge my **CREDIT CARD** \$_____

Visa Mastercard AmEx Discover

Name as it appears on CREDIT CARD

CREDIT CARD Number

Expiration Date

CVV Code

MATCHING GIFTS

If your employer (or spouse's employer) has a matching gift program, please enclose a matching gift form or register your gift through your employer's website.

Please contact me with more information about how I can make a contribution through planned giving.