

## Come Join Us!

Please complete this form and return it to: The 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: \$30 ☐ Supporter: \$250 ☐ Family: \$75 ☐ 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 Account Number Expiration Date Signature: MATCHING GIFTS If your employer (or spouse's employer) has a matching gift program please enclose a matching gift form or

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