



Mission Statement: To provide broad-based funding and community support to ensure the continued viability of the Aurora History Museum

MEMBERSHIP FORM

Name: () _____ Date: _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Other Phone _____
E-mail _____

<p>Basic Membership Dues</p> <p><input checked="" type="checkbox"/> \$20 General Household Membership</p> <ul style="list-style-type: none"> • Individuals with one guest • Couples • Families with children under 18 	<p>Special Donation</p> <p><input type="checkbox"/> Patron \$10-49</p> <p><input type="checkbox"/> Sustaining \$50-99</p> <p><input type="checkbox"/> Century \$100-249</p> <p><input type="checkbox"/> Benefactor \$250 and above</p>
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Membership Dues: \$ 20 Special Donation: \$ _____
Total Amount Enclosed: \$ _____

Thank you for becoming a member of the Aurora Museum Foundation. Your membership dues and donations are used to assist the Museum financially and with volunteer support, and your participation is greatly appreciated. Your Foundation Membership privileges include free or discounted costs for all Foundation sponsored events, free subscription to the Quarterly Newsletter, invitations to special events, access to the Museums research library and archives (by appointment), and discounts at the Museum Store.

This Foundation is a 501(c)(3) tax-exempt organization seeking tax deductible private contributions for the benefit of the Aurora History Museum.
Make checks payable to the Aurora Museum Foundation and return to the address below.

FOR OFFICE USE ONLY

Date Received _____ Amount _____ Signature _____

This form will be returned to you to acknowledge your generous contribution.