

MAIL IN MEMBERSHIP FORM

Paul Revere Memorial Association

Enclosed is my check made payable to the Paul Revere Memorial Association
in the following amount: _____

Name: _____

Street: _____

City: _____

State: _____

Zip: _____

PLEASE CHECK ONE:

☐ \$20 Individual

☐ \$100 - 249 Patron

☐ \$35 Family

☐ \$250 - 499 Patriot

☐ \$50 - 99 Supporting

☐ \$500 Silver Circle

My additional donation of \$ _____ is enclosed to support the museum's
educational programs.

I don't care to join at this time but would like to make a contribution of \$ _____
to the museum.

PAYMENT INFORMATION:

Credit Card #: _____

Exp. Date: _____

Card Type: Amex VISA MC

Name on Card: _____

Signature: _____

PLEASE MAIL TO:

Paul Revere Memorial Association
19 North Sqaure
Boston, MA 02113

Gifts to the Association are tax
deductible within the limit of the
law. A financial statement is
available upon request.