



# MEMBERSHIP FORM

## I WOULD LIKE TO JOIN/RENEW AS A MEMBER:

## MEMBERSHIP LEVEL:

NAME \_\_\_\_\_  
(as you would like to appear on donor listings)

I wish to remain anonymous

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ANTEMORTEM SOCIETY (ages 21-40): \$25

INDIVIDUAL: \$50

FAMILY: \$75

SUPPORTER: \$100

PATRON: \$250

GUARDIAN: \$500

PRESERVATION PARTNER: \$1,000

DEVELOPMENT STEWARD: \$2,500

*I am joining at a higher level but would like to receive invitations to Antemortem Society events.*

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## DONATION:

## PAYMENT INFORMATION:

I would like to make an additional gift in support of the Friends of Laurel Hill Cemetery's Annual Fund: \$ \_\_\_\_\_

Check (Made payable to Friends of Laurel Hill Cemetery)

Credit Card:

Visa  Mastercard  Amex  Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV \_\_\_\_\_

Signature \_\_\_\_\_