

The Tioga County Historical Society

110 Front Street Owego, NY 13827 | 607.687.2460 | museum@tiogahistory.org | www.tiogahistory.org

Membership Form

Student	\$10	Corporate	\$200
<ul style="list-style-type: none">◆ Waiver of On-site Research Center Usage Fees◆ Discounted Copying Fees◆ Invitation to Annual Meeting		<ul style="list-style-type: none">◆ All the Individual Benefits◆ Recognition in Newsletter and Annual Report◆ Advertisement on Museum Webpage and More	
Individual	\$25	Supporter	\$250
<ul style="list-style-type: none">◆ All the Student Benefits◆ Quarterly Newsletter◆ 10% Off Gift Shop Purchases◆ Invitation to Annual Members-Only Event		<ul style="list-style-type: none">◆ All the Individual Benefits◆ Recognition in Museum Newsletters◆ \$25 Gift Certificate to Gift Shop	
Family	\$50	Patron	\$500
<ul style="list-style-type: none">◆ All the Individual Benefits◆ Behind-the-Scenes Tour◆ Invitation to all Children's Events		<ul style="list-style-type: none">◆ All the Individual Benefits◆ Recognition in Newsletter and Annual Report◆ \$50 Gift Certificate to Gift Shop and More	
Donor/Small Business	\$100	Gold	\$1,000 and Over
<ul style="list-style-type: none">◆ All the Individual Benefits◆ Recognition in Newsletter and on Website◆ Personal Invitations to Exhibit Openings		<ul style="list-style-type: none">◆ All the Individual Benefits◆ Featured on Museum Webpage◆ Recognition in Newsletter and Annual Report◆ Free Admission to Paid Events and More	

How Your Contribution Supports Our Mission

We must raise 96% of our operating expenses through donations, memberships, and fundraisers. Your generosity allows TCHS to provide exhibits, programming, research, and educational opportunities to the public and allows us to keep admission to our museum free of charge.

We need your support to operate!

Thank you for your contribution! Remember, your donation is tax deductible.



Detach Form Below and Mail

NAME(S) _____ NEW MEMBERSHIP RENEWED MEMBERSHIP

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

I WOULD LIKE TO INCLUDE AN ADDITIONAL CONTRIBUTION IN THE AMOUNT OF: \$ _____

MY EMPLOYER PARTICIPATES IN A MATCHING GIFTS PROGRAM (FORM ENCLOSED)

MEMBERSHIP AMOUNT: \$ _____ TOTAL AMOUNT ENCLOSED: \$ _____

MASTERCARD CARD NUMBER _____

VISA EXPIRATION DATE _____

DISCOVER SIGNATURE _____

CASH CHECK # _____