

**Become a Member
of
Historic Waco Foundation**

*C*onnecting People to their Past, their Community, & the Future

Information about You:

Name: _____
__Mr. & Mrs. __Mr. __Mrs. __Miss __Ms. __Dr. __Dr. & Mrs. __Dr.& Mr. __Drs.

Address: _____ City: _____ State: __ Zip: _____
Telephone: _____
Email: _____

Membership categories:

Individual/Couple

__ \$15 Full-Time Student
__ \$35 General
__ \$50 Friend
__ \$100 Sponsor
__ \$250 Sustainer
__ \$500 Patron
__ \$1000 Benefactor

Business/Corporate

__ \$100 Sponsor
__ \$250 Sustainer
__ \$500 Patron
__ \$1000 Benefactor

Type of Membership:

__New Member
__Renewal

Gift Membership from: _____
Gift Contribution for Endowment Fund \$ _____

Special Volunteer Interests:

Payment Options:

Checks and credit cards are accepted. Please make check payable to "Historic Waco Foundation." Tax deductible to the extent allowed by law.

Please charge my membership to: __Visa __MasterCard

Card Number: _____

Expiration date: _____

Cardholder's Signature (required): _____

Historic Waco Foundation

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