

2009 Membership Form

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____
E-MAIL _____

MEMBER LEVELS (Please Check One)

- | | |
|--|--|
| <input type="checkbox"/> STORY (\$25) | <input type="checkbox"/> PARABLE (\$250) |
| <input type="checkbox"/> YARN (\$45) | <input type="checkbox"/> SAGA (\$500) |
| <input type="checkbox"/> DIARY (\$75) | <input type="checkbox"/> STORYTELLER (\$1,000) |
| <input type="checkbox"/> JOURNAL (\$100) | <input type="checkbox"/> LEGEND (\$2,000+) |

PAYMENT METHOD (Please Check One) All payments are tax deductible.

- CHECK ENCLOSED payable to: Friends of the Story Mansion
- VISA _____ EXP. DATE ____/____/____
- MASTERCARD _____ EXP. DATE ____/____/____

SIGNATURE _____

GET INVOLVED (Check all that apply)

Be a part of the continuing Story in these ways:

- Volunteering:** I'm interested, please let me know how I can help.
- Furnishings donation:** I have or know of antiques or reproductions to donate.
- Photos and/or memorabilia:** I have historic photos and/or memorabilia related to the Story Mansion.

(If you check any of the above, we may call you to discuss it further.)

Friends of the Story Mansion members receive periodic email news updates on the Mansion renovation progress, invitations to Mansion events and special "member only" offers.

- Remove me from your mailing list. Remove me from your email list.

MAIL MEMBERSHIP FORM TO: FRIENDS OF THE STORY MANSION P.O. BOX 6767 BOZEMAN, MONTANA 59771

Thank
you!

CONTACT US:
406-570-9336
www.friendsofthestory.org
friendsofthestory@yahoo.com