

Annual Membership Form

New Member Renew My Membership Gift Membership from: _____

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State & Zip: _____

Membership Level:

Historian \$35 Sustainer \$75 Sponsor \$125 Patron \$250 Benefactor \$500 Corporate \$1000

Signature: _____ Date: _____

Check Card Card type: _____ Card #: _____ CVV: _____ Exp: _____

Please send me information on planned giving

Please do not put my name on printed material

MAIL TO: Membership at The History Museum
422 2nd St S Great Falls, MT 59405
Phone Number: 406-452-3462

The Cascade County Historical Society (DBA The History Museum) is a 501(c)(3) Non Profit Corporation



Thank you for supporting historic preservation!