



The Friends of
**MOUNT HOPE
 CEMETERY**

PO Box 18713
 Rochester, New York 14618-0713
 Phone (585) 461-3494
 www.fomh.org

MEMBERSHIP APPLICATION

Date: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: Home _____ Cell: _____

E-Mail: _____

E-Mail for Friends of Mt. Hope Cemetery ONLY. We will not share your e-mail address.

_____ YES, I would like to receive the newsletter *Epitaph* by email at the address listed above.

Memberships are valid for one year. Membership Categories:

- _____ Individual (one person only)\$ 20
- _____ Family (for family members at a single address)\$ 35
- _____ Supporting\$ 50
- _____ Patron\$ 75
- _____ Sponsor\$100
- _____ Anchor\$200
- _____ Benefactor.....\$500

I would like to make a one-time additional donation of \$ _____.

I am interested in volunteering for the following:

- _____ Gatehouse Tour Receptionist
- _____ Tour Guide
- _____ Landscape Committee
- _____ One time individual or group project such as brush removal, tree trimming, tour assistance.

Make checks payable to: The Friends of Mount Hope Cemetery. If mailing, send to the above address.

THANK YOU FOR YOUR SUPPORT!