



*The Friends of*  
**MOUNT HOPE  
 CEMETERY**

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

**GIFT MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

**PURCHASER:**

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.

**RECIPIENT:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**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

Make checks payable to The Friends of Mount Hope Cemetery, and mail with this form to the above address. Memberships are valid for one year.

**THANK YOU FOR YOUR SUPPORT!**