



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

New members and renewing members at the \$50 level and above will receive a bonus gift.

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!