

# OLD SALEM MUSEUMS & GARDENS

Miss/ Ms./ Mr./ Mrs./ Dr. (CIRCLE)

Member 1 \_\_\_\_\_

Date of Birth \_\_\_\_\_

Miss/ Ms./ Mr./ Mrs./ Dr. (CIRCLE)

Member 2 \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email(s) \_\_\_\_\_

## Please select your level of membership:

\_\_\_\_ \$45 Senior/Educator/Student

\_\_\_\_ \$60 Individual

\_\_\_\_ \$80 Dual

\_\_\_\_ \$120 Family *Best Value*

\_\_\_\_ \$250 Patron

\_\_\_\_ \$500 Sustainer

## *Frederic William Marshall Society*

\_\_\_\_ \$1,000 Society Level

\_\_\_\_ \$2,500 Curators Level

\_\_\_\_ \$5,000 Collectors Level

\_\_\_\_ \$10,000 Benefactors Level

\_\_\_\_ \$15,000 President's Level

\_\_\_\_ \$25,000 Chairman's Level

\_\_\_\_ I want to waive my benefits of membership  
and receive the full tax deductibility of my gift.

**Interest information helps us plan events for our members.  
Please indicate your areas of interest by ranking your top 5  
interests, 1 – 5, with 1 indicating the area of greatest interest:**

\_\_\_\_ Archaeology

\_\_\_\_ Moravian History

\_\_\_\_ Architecture

\_\_\_\_ Music Programming

\_\_\_\_ Children's Programming

\_\_\_\_ Photography

\_\_\_\_ Foods

\_\_\_\_ Southern Decorative Arts

\_\_\_\_ Gardens

\_\_\_\_ Trades

PLEASE COMPLETE BOTH SIDES AND MAIL TO:  
Office of Development, Old Salem Museums & Gardens,  
600 S. Main Street, Winston-Salem, NC 27101

*Thank you for supporting Old Salem Museums & Gardens!*

## SUMMARY OF GIFTS

\$\_\_\_\_\_ For my Membership

\$\_\_\_\_\_ For a donation to the Annual Fund (*fully tax-deductible*)

\$\_\_\_\_\_ I am purchasing a gift membership for:

*(Please complete the recipient information)*

Recipient Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Preferred contact number (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Date(s) of Birth \_\_\_\_\_

Please send renewal notices to \_\_\_\_\_ me \_\_\_\_\_ recipient

Include this message with my gift membership:

**\$\_\_\_\_\_ TOTAL of all gifts and contributions**

*My company* \_\_\_\_\_

*will make a matching gift of \$* \_\_\_\_\_

### PAYMENT INFORMATION

I'd like to pay by:

\_\_\_\_\_ Check (*Payable to Old Salem Museums & Gardens*)

\_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard      \_\_\_\_\_ American Express

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_ I'd like more information about planned giving opportunities at Old Salem.

\_\_\_\_\_ I have already included Old Salem in my will or estate plan and would like to become a member of *The 1766 Society*.

(336) 721-7333 [membership@oldsalem.org](mailto:membership@oldsalem.org) [oldsalem.org/give](http://oldsalem.org/give)