

# Merwinsville Hotel Restoration

## Membership / Donation Form

Please complete this form and mail with your donation to:  
Merwinsville Hotel Restoration / PO BOX 304 / Gaylordsville, CT 06755

I am willing to volunteer for admin needs \_\_\_\_, building handiwork \_\_\_\_  
Membership: Single \$10 \_\_\_\_ Family \$25 \_\_\_\_  
Membership/Contribution: \$1000 \_\_\_\_ \$500 \_\_\_\_ \$250 \_\_\_\_ \$100 \_\_\_\_ \$50 \_\_\_\_

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

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

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to keep my donation anonymous \_\_\_\_\_. This membership is a Renewal: \_\_\_\_ or Gift: \_\_\_\_

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If this is a Gift Membership, a donation in Honor Of, or in Memory Of,  
enter the recipients name above and your information below: (circle one)

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

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

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

If paying by check, please make payable to the **Merwinsville Hotel Restoration**

If paying by Master Card \_\_\_\_ or Visa \_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

Thank you for your tax-deductible contribution. The Merwinsville Hotel Restoration is a 501C non-profit organization.

