

Vestal Historical Society Annual Membership / Donation Form

Please circle your membership level:

Student \$1 Individual \$8 Family \$10 Patron \$25

___ My employer provides a matching grant

___ I am making a tax deductible donation of \$ _____

___ This is a gift membership for the person named below.

Your Name or Gift Recipient: _____

Address: _____

Phone: _____

Please make your check payable to the Vestal Historical Society and
mail it to: Peter Vallese, Treasurer – 315 Bean Hill Road, Endicott, NY 13760