



JOIN, SUPPORT, SHARE and Make the ANTIQUE BOAT MUSEUM your Priority!

The Board of Trustees of the Antique Boat Museum invites you to

Seize the Challenge!

To Conserve Our Heritage for the Next Generation,

Our Board of Trustees has generously pledged \$1.1 million to match all increased, lapsed and new Friends of the Museum memberships each year over the next five years.

The Board of Trustees thanks you for your support which sustains the Museum each year and invites you to join or renew your Museum membership.

How the Trustee Challenge works:

- When a current *Friend of the Museum* increases their level of giving, the **Trustees Challenge** will match that increase for up to five years.
- When a lapsed *Friend of the Museum* renews, the **Trustees Challenge** will match the entire renewal amount for up to five years.
- When a new *Friend of the Museum* joins at any level, the **Trustees Challenge** will match the entire amount for up to five years.

Membership Levels

Friends of the Museum

- \$1,000 \$2,000 \$5,000
 \$10,000 \$25,000

General Membership

- Patron \$500 Contributing \$250
 Supporting \$125 Family \$65
 Individual \$50

Please check our website for membership benefits or to complete your membership online: www.abm.org

For more information call Claire Wakefield at the Membership Office at (315) 686-4104 ext. 224 or email cwakefield@abm.org

The Antique Boat Museum is a non-profit educational institution.
Federal EIN# 22-2319606

This is a: New Membership Renewal

Names of all those receiving member benefits:

Winter/Permanent Address

Address _____

City, State, Zip _____

Telephone Number _____

E-mail address _____

Summer Address (Summer dates: from _____ to _____)

Address _____

City, State, Zip _____

Telephone Number _____

METHOD OF PAYMENT

Total Enclosed: _____ Check

Mastercard Visa Discover

AmEx Exp. Date _____

Card # _____

Signature _____

MATCHING GIFTS

Increase your support with an employer's matching gift
My matching gift form is: Enclosed To follow

GIFT MEMBERSHIP

Please enroll the person above with a gift membership from:

Name _____

Address _____

City, State, Zip _____

email (optional) _____