



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

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

General Membership

- checkbox Patron \$500 checkbox Contributing \$250
checkbox Supporting \$125 checkbox Family \$65
checkbox 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: \_\_\_\_\_ checkbox Check

checkbox Mastercard checkbox Visa checkbox Discover

checkbox AmEx Exp. Date \_\_\_\_\_

Card # \_\_\_\_\_

Signature \_\_\_\_\_

MATCHING GIFTS

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

GIFT MEMBERSHIP

Please enroll the person above with a gift membership from:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

email (optional) \_\_\_\_\_