

## Eastside Heritage Center MEMBERSHIP APPLICATION

### MEMBERSHIP LEVEL:

- ☐ **Benefactor**      \$1000
- ☐ **Supporter**      \$250
- ☐ **Member**      \$50

*Enroll me as:*   ☐ New Member   ☐ Membership Renewal   ☐ Gift

MEMBER'S NAME

ADDRESS

CITY/STATE/ZIP CODE

PHONE

EMAIL

*This membership is a gift from:*

### PAYMENT INFORMATION:

- ☐ Check (make checks payable to the Eastside Heritage Center)
- ☐ Credit Card
- ☐ Visa   ☐ Master Card   ☐ American Express

NAME ON CARD

CARD #

EXP. DATE

V-CODE (last 3 digits on back of Visa/MC)

SIGNATURE

Additional Contribution: \_\_\_\_\_ **Total Enclosed:** \_\_\_\_\_

- ☐ My company will MATCH my gift

Company Name: \_\_\_\_\_

*The Eastside Heritage Center is a 501 (c)(3) charitable organization.*

### PLEASE MAIL THIS FORM AND PAYMENT TO:

Eastside Heritage Center  
P.O. Box 40535  
Bellevue, WA 98015

Phone: 425-450-1049  
Fax: 425-450-1050

[www.EastsideHeritageCenter.org](http://www.EastsideHeritageCenter.org)