

MEMBERSHIP BENEFITS

- Quarterly newsletter -- your guide to preservation issues in Washington State.
- Complimentary tour of the historic Stimson-Green Mansion for member and guest.
- Advance invitations and discounted admission to annual events.
- Access to rent the Stimson-Green Mansion for private events and meetings.
- Access to scholarship funding to attend Lobby Day in Washington D.C. (as available).
- Access to Valerie Sivinski Grants (as eligible and pending a competitive process).
- A tax deduction -- the Washington Trust for Historic Preservation is a 501(c)3 nonprofit organization.

ANNUAL MEMBERSHIP LEVELS

Individual/Household Member

- \$50 Individual
- \$75 Household
- \$100 Preservation Contributor
- \$250 Preservation Advocate
- \$500 Preservation Patron
- \$1000 Preservation Circle
- Other \$ _____

Students, seniors, and those on a limited income, we graciously appreciate any amount you are comfortable contributing.

Business/Non-Profit/Government Member

- \$75 (non-profits only)
- \$100 Preservation Contributor
- \$250 Preservation Advocate
- \$500 Preservation Patron
- \$1000 Preservation Circle
- Other \$ _____

Corporate sponsorship opportunities are available beginning at \$250. Please contact Kristy Conrad for more information.

MEMBER INFORMATION

Contact Name: _____

Company/Organization (if applicable): _____

Mailing Address: _____

Email Address: _____

Phone: _____

OTHER GIVING

- In addition to my membership, I am enclosing a gift of \$ _____ to help the Trust:
- provide Valerie Sivinski Fund grants to grassroots projects around the state
 - preserve the historic Stimson-Green Mansion
 - other (please specify) _____
- My employer will match my gift! Company Name: _____
- Please send me information about including the Washington Trust in my will or making gifts of stock.

PAYMENT INFORMATION

- Enclosed is a check payable to the Washington Trust for Historic Preservation
- Please bill my credit card: Visa Mastercard
- Card Number: _____ Expiration Date: _____
- CVC Code: _____ Signature: _____
- Name on Card (Please Print): _____
- Billing Address (if different from above): _____
- Please bill my card monthly: \$ _____ Sign up for a recurring donation (Evergreen Membership) and never get a renewal notice again! \$5 minimum monthly charge. Cards charged on the 15th of each month.**

RENEW ONLINE ANYTIME AT WWW.PRESERVEWA.ORG/RENEW