

Gift Membership Form



<i>To:</i>	<i>From:</i>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Province: _____	Province: _____
Postal Code: _____	Postal Code: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

I would like to give the following Gift Membership type:

- Individual Membership\$35 \$ _____
- Dual Membership\$50 \$ _____
(For two related individuals)
- Senior or Student Membership\$25 \$ _____
(For those 60+ of age / full-time students)
- Dual Senior or Dual Student Membership\$40 \$ _____

I would like to make a Gift Circle donation to the Museum in addition to the Gift Membership:*

- Friends\$100 to \$249 \$ _____
- Partners\$250 to \$499 \$ _____
- Associates\$500 to \$999 \$ _____
- Patrons\$1000+ \$ _____
- I prefer to contribute: \$ _____

*Donating \$100 or more will give the recipient privileges associated with the Museum's Gift Circles, as well as a complimentary Ann Baillie Building Holiday ornament. You will receive a charitable tax receipt.

My Gift Total: \$ _____

Please return your completed application with your cheque to:
Museum of Health Care at Kingston
32 George Street
Kingston ON K7L 2V7

Thank you for your support.

Please send me information about how to leave a gift to the Museum of Health Care in my will.