

Membership Form

Name _____
Home address _____
Town _____ ZIP Code _____
Home phone _____ Cell phone _____
Email address _____

Individual Lifetime Membership options (check one)

- Enclosed is my check for \$200 for an individual lifetime membership in the Watertown Foundation.
- Enclosed is my check for \$50; bill me for three additional \$50 annual installments (\$200 total).

Corporate or Business membership

Name of business or corporation _____
Owner or proprietor name _____
Business address _____
Business phone _____
Business email _____

For additional information

I would like to know more about the following checked items:

- | | |
|---|---|
| <input type="checkbox"/> Bequests | <input type="checkbox"/> A gift of securities |
| <input type="checkbox"/> Trusts | <input type="checkbox"/> Life insurance |
| <input type="checkbox"/> Named funds | <input type="checkbox"/> Memorial gifts |
| <input type="checkbox"/> Matching gift by employers | |

Mail your completed form and your tax-deductible membership to:
Watertown Foundation
P.O. Box 117
Watertown, CT 06795