



Give the Gift of Partnership

Dear Friend,

In a world that demands more and more of our time, we often seek opportunities to unplug and reconnect with our roots. A unique way to provide this necessary downtime, while also supporting a local charity, is to give the gift of a Blairstown Museum Business Membership.



Your generous gift of a Business Membership offers your recipient many exciting benefits and opportunities for collaboration with the Blairstown Museum, while enhancing their business's community involvement. They will also enjoy valuable business perks like recognition in the museum's print and web materials, and free or discounted use of our program facilities.

The Blairstown Museum offers various membership levels, designed to accommodate a variety of budgets and gift giving occasions. Your support of the Blairstown Museum through gifting membership demonstrates your belief that preserving our history is important.

In the upcoming year, the Blairstown Museum will:

- ❖ Produce and/or manage over 50 distinct exhibitions;
- ❖ Manage and/or be actively engaged in over 100 community events;
- ❖ Acquire and/or preserve over 100 additional artifacts;
- ❖ Launch two new exciting preservation programs; and
- ❖ Unveil four new historic walking and trolley tours.

There is no better time than right now to give the beautiful gift of Preservation Partnership with a Blairstown Museum Business Membership. Please give one, today.

Sincerely,
Jeanette Iurato
President, Board of Trustees

The Blairstown Museum is a 501(c)(3) non-profit organization, making your Business Membership or Membership Gift a tax deductible donation to the fullest extent of the law.

Blairstown Museum
Small Town. Big History.™
26 Main Street PO Box 109 Blairstown NJ 07825



2018 Business Membership Application

Business Membership

I am giving this Business Membership as a gift.

Your Information

Name: _____

Street Address: _____

City, State & Zip: _____

Phone _____

Email: _____

Gift Recipient Information (if a gift)

Business Name: _____

Street Address: _____

City, State & Zip: _____

Phone _____

Email: _____

Membership Type (Check Choice)

- Bronze \$50 Silver \$100 Gold \$250 Platinum \$500
 Visionary \$1,000 Golden Spike Circle \$2,500

Payment Type (Check Choice)

- Enclosed check payable to Blairstown Museum Please charge my credit card

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

CVC: _____

Signature: _____

Return this application with payment to: Blairstown Museum PO Box 109 Blairstown NJ 07825.