

Historical Society of West Point Museum

Donation/Membership Form

Mission: To preserve, interpret, and share the historical significance of West Point and its natural resources, to Virginia and the Nation beyond.

Donor Information (please print or type):

Name: _____

Address: _____

Phone: _____

Email: _____

Donation Amount \$ _____ In the form of : check credit card IRA Disbursement

Credit card number _____ Expires _____ CVV _____

Credit card type _____ Name on card _____

Authorized signature* _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

*Authorization includes membership election below, if selected.

Acknowledgement Information:

Please indicate if you wish to have your gift remain anonymous ____ Yes ____ No

Please use the following name(s) in all acknowledgements: _____

My donation should be directed to : _____ Capital Improvement, _____ Operating Funds, or
_____ Capital Improvement funds until goal is reached and then Operating Funds.

Membership Election: Renewal or New (Circle one). Please complete name and contact information above.

_____ Individual Membership \$25.00 Dues _____ Family Membership \$35.00 Dues

Note: A new membership election will go from the present to December 31, 2024.

Summary: _____ Donation

_____ Membership

_____ Total

Please make checks payable to HSWP

P.O. Box 1556, West Point, VA 23181
(804) 506-3134 hswpva.org
501(c)(3) Non-Profit Organization
EIN 26-2758962