

# 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

\_\_\_\_ Business Membership \$100.00 Dues

Note: A new membership election will go from the present to December 31, 2025.

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**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