

Membership Form

Name _____

Home Address _____

Town _____ ZIP Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Individual Lifetime Membership Options

_____ Enclosed is my check for \$200 for my membership in the Watertown Foundation.

Corporate or Business Membership

Name of business or corporation _____

Owner or proprietor name _____

Business Address _____

Business Phone _____

Business E-mail _____

For Additional Information

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

- | | |
|----------------------------------|----------------------------|
| _____ Bequests | _____ A gift of securities |
| _____ Trusts | _____ Life insurance |
| _____ Named funds | _____ Memorial gifts |
| _____ Matching gift by employers | _____ Planned giving |

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