



FRIENDS OF CITY SQUARE PARK

MEMBERSHIP FORM

☐ **YES! I want to become a member today.**

Name _____

Email _____ Telephone _____

Address _____

City _____ State _____ Zip _____

☐ New member

☐ Renewal

☐ Anonymous Contribution

MEMBERSHIP SUPPORT LEVEL

☐ Senior \$10

☐ Individual \$20

☐ Family \$30

☐ Supporter \$50 plus

☐ Patron \$100 plus

☐ Benefactor \$250 plus

☐ Corporate \$500 plus

☐ Other \$ _____

☐ My employer has a matching gift program.

☐ I am interested in making an endowment gift. Please contact me.

I can help with the following volunteer tasks. Please contact me.

☐ Maintenance ☐ Special Events ☐ Newsletter ☐ Membership ☐ Other

Every member counts, for your support keeps the park well maintained. Thank you!

Please mail this form and your payment payable to:

Friends of City Square Park, Inc.

Attention: Membership Committee

P. O. Box 290635

Charlestown, MA 02129

The Friends of City Square Park is a 501 (c)(3) nonprofit organization. Your contribution is tax deductible to the extent allowable by law.