



Donation Form

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Membership Levels (please select one)

- | | |
|---|--------|
| <input type="checkbox"/> ARCHITECT | \$1000 |
| <input type="checkbox"/> CONSERVATOR | \$500 |
| <input type="checkbox"/> BUILDER | \$250 |
| <input type="checkbox"/> ADVOCATE | \$100 |
| <input type="checkbox"/> FAMILY | \$60 |
| <input type="checkbox"/> INDIVIDUAL | \$35 |
| <input type="checkbox"/> ASPIRING PRESERVATIONIST | \$25 |
- (students and members under the age of 30)

FOR STAFF USE ONLY

Check # _____

Date Rcv'd _____

Donate

☐ CONTRIBUTION AMOUNT \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

Enclosed is a check in the amount of \$ _____

Please make checks payable to **Historic Albany Foundation.**

Please charge my credit card: ☐ Visa ☐ Mastercard

CARD NUMBER

EXP. DATE

SIGNATURE

SECURITY CODE

☐ I am interested in volunteering with Historic Albany Foundation.

Please mail or e-mail to:
Historic Albany Foundation
89 Lexington Avenue
Albany, NY 12206
info@historic-albany.org

For more information, call 518-465-0876
or e-mail info@historic-albany.org.
Thank you for your support!
Your membership is deductible to the
extent allowed by the law.