



**YES!** Please include me in the membership roll of the **Lewisburg Foundation** in the indicated category checked below:

- |   |            |
|---|------------|
| <input type="checkbox"/> Regular Membership | \$50.00    |
| <input type="checkbox"/> Family             | \$80.00    |
| <input type="checkbox"/> Business           | \$100.00   |
| <input type="checkbox"/> Friend             | \$150.00   |
| <input type="checkbox"/> Pioneer            | \$250.00   |
| <input type="checkbox"/> Corporate          | \$500.00   |
| <input type="checkbox"/> Mountaineer        | \$1,000.00 |

*Thank you for your support.*

Please give us your email address

---

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Please make your check payable to: **The Lewisburg Foundation** and mail it, along with this form, in the provided envelope.