

FRIENDS OF THE OLD DEPOT APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

Email: _____

TYPE OF MEMBERSHIP:

_____ Individual (\$25)

_____ Family (\$50)

_____ Patron (\$100-249)

_____ Sustaining (250-499)

_____ Benefactor (\$500-999)

_____ Sponsor (\$1000 Plus)

_____ Corporate (\$500 Plus)

Amount Enclosed _____

Make Checks payable to: The Vicksburg Battlefield Museum

Mail to:
Friends of the Old Depot
1010 Levee Street
Vicksburg, MS 39180