

Although many of the largest segments of the Opera House renovation are completed, as with any other building, maintenance, upkeep and upgrades will be never-ending. There are several ways that friends of the Opera House can help the Historical Society in this endeavor.

Become a member for \$10.00 per year through the calendar year. Yearly memberships purchased after August run through the following year. Yearly members are notified each October when their memberships will expire.

Become a lifetime member for \$100.00. Members are not obligated to attend meetings. However, meetings which are held the second Thursday of every month at 6:00 PM at the Phoenix Restaurant, are open to the public and anyone who wishes to attend is welcome. Many gather at 5:00 for dinner but this is strictly a matter of choice.

Purchase a student yearly membership for \$5.00.

Purchase a yearly business membership for \$50.00.

Purchase a lifetime business membership for \$300.00.

Purchase a memorial for \$50.00 per name for a deceased family member or friend.

Many companies and corporations have a matching funds program for employees or retirees who wish to have their gifts doubled.

A contribution (except dues or memorials) is tax deductible as the Historical Society is a 501©(3) entity. We can accept only checks or cash at this time.

We are indeed grateful for any help received.

Print Form & Cut along the dotted line and return to the address below with your donation to help...

Jamestown Area Historical Society
PO Box 162
Jamestown, Ohio 45335
937/675-3501 or 937/675-5751
www.jamestownohiooperahouse.com

_____ 1 Year Individual Membership	@ \$ 10.00 each	\$ _____
_____ 1 Year Business Membership	@ \$ 50.00 each	\$ _____
_____ 1 Lifetime Individual Membership	@ \$ 100.00 each	\$ _____
_____ 1 Business Lifetime Membership	@ \$ 300.00 each	\$ _____
_____ 1 Student Membership	@ \$ 5.00 each	\$ _____
_____ Memorial Gift(s)	@ \$ 50.00 each	\$ _____
_____ Tax Deductible Gift		\$ _____
_____ Total Amount Enclosed		\$ _____

NAME _____
ADDRESS _____
PHONE _____ EMAIL _____

Please print name to appear on **MEMORIAL** plaque

BY: _____

Please print **DONOR** name to appear on plaque **if desired**