



Friends of the Brockville Museum

(a Registered Charitable Foundation)

P.O. Box 552, Brockville ON K6V 5V7

Email: friendsbmuseum@gmail.com

Website: www.brockvillemuseum.com/membership

HELP THE MUSEUM BY BECOMING A FRIEND

Mission Statement

To support the Brockville Museum's operations, services, and programming, financially and materially.

Objectives

To promote the Brockville Museum by protecting and preserving its collection and by enhancing its educational and cultural programs.

With membership, you receive the following:

A tax receipt for your membership dues

Invitation to AGM and voting privileges

Please select the applicable boxes, and **print** the required information:

I would like to: **become a new member** **renew my membership** **make a donation**
 consider joining the Board, and would like more information

I want to **receive** the Museum's "E-Blast" bulletin: YES NO

*It will come to you **monthly** via e-mail from the Brockville Museum, keeping you informed of upcoming events and programs.*

Name: _____

Address: _____

Province: _____ Postal Code: _____ Phone: _____

E-Mail Address: _____

Please be assured that your contact information is kept confidential and that it is not shared in any way.

Annual Membership (Jan to Dec)

5 Year Membership (avoid any increases)

- | | | | |
|--|----------|--------------------------------------|-----------|
| <input type="checkbox"/> individual | \$ 20.00 | <input type="checkbox"/> individual | \$ 100.00 |
| <input type="checkbox"/> family | \$ 30.00 | <input type="checkbox"/> family | \$ 150.00 |
| <input type="checkbox"/> corporation | \$ 50.00 | <input type="checkbox"/> corporation | \$ 250.00 |
| <input type="checkbox"/> additional donation \$ _____ (Must be assigned - please see page 2) | | | |

Every level of membership & additional donation qualifies for a Tax Receipt which will be e-mailed to you or sent by mail.

We accept payment by e-transfer, cash, credit card, debit card, or cheque. Please identify method of payment on page 2 of this form.

A copy of this completed form (pages 1 and 2) must accompany your payment.

Signature

Date

THANK YOU FOR YOUR PATRONAGE

REV 2025-01-07

HOW THE FRIENDS HAVE HELPED IN THE PAST

\$11,470 for the renovation of the Carriage Hall Exhibitions

\$15,179 for the Painting Picnic with Prudence Heward exhibit

\$31,583 towards the Feasibility Study for relocation and expansion of the Museum

\$16,298 to support the development of the Travel Trunk exhibit

Helped to initiate the Open Drawer Project with the purchase of online collection database software

PLEASE ASSIGN MY DONATION AS FOLLOWS (please choose one only):

Specific Donation – (as established by the Museum) Please identify the purpose:

Friends General Fund

Payment is being made by (please check one):

PLEASE ATTACH A COPY OF THE COMPLETED FORM WITH YOUR PAYMENT

- E-Transfer Please make your payment through your bank
PAYEE should be Friends of the Brockville Museum
OR FBM (if your bank limits you to the # of characters you can use)
E-mail address to send the money to is friendsbmuseum@gmail.com
Forward completed Membership Form to the same e-mail address,
OR drop it off in person at the Museum, OR mail it to the PO Box noted above
- Credit Card Please make your payment in person at the Museum
- Cash Please make your payment in person at the Museum
- Debit Card Please make your payment in person at the Museum
- Cheque Please make your cheque PAYABLE TO “Friends of The Brockville Museum”
Please mail your cheque and form to
Friends of the Brockville Museum
P.O. Box 552, Brockville, ON K6V 5V7
OR
Please drop your cheque and form off in person at the Museum

For office use only:		
Cheque Dated: _____	Date Received: _____	Date Deposited: _____
Income Tax Receipt #: _____	Date Receipt Issued: _____	
Point of Origin:		
PO Box _____	Museum _____	Other _____
REV 2025-01-07		