



Donation Form

Yes, I'd like to support the FALL CITY HISTORICAL SOCIETY by making a contribution to support new projects and ongoing expenses.

Donation amount _____

Donor Name: _____

Address: _____ Mail Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

_____ Contact me about volunteering. My interests are _____

Please make your tax-deductible check to FC Historical Society and mail to:

FC Historical Society, PO Box 293, Fall City, WA 98024

THANK YOU!



Membership Form

Yes, I'd like to support the FALL CITY HISTORICAL SOCIETY by sending in my membership. (Memberships are for one year from the date of joining; we will send you a renewal reminder.)

___ Basic membership (\$15) ___ Supporting membership (\$50) ___ Lifetime Membership, standard, \$250

_____ Lifetime Membership, Treasured Elder (80+), your choice of donation

Name: _____

Address: _____ Mail Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

_____ Contact me about volunteering. My interests are _____

Please make your tax-deductible check to FC Historical Society and mail to:

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THANK YOU!