



HISTORIC
ROSE HILL

Friends of Rose Hill
TAX-DEDUCTIBLE DONATION/MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

Please indicate your intention below:

___ I'd like to support Friends with a donation of this amount: \$ _____

___ I'd like to become a member of Friends. Choose a level below:

- Simri Rose \$1,000 ___
- Gabriel \$500 ___
- Archangel \$250 ___
- Guardian Angel \$100 ___
- Angel \$50 ___
- Member \$25 ___

All levels may attend Rose Hill Rambles for free.

Method of Payment:

___ Check enclosed ___ Credit Card

Credit Card # _____ Exp. ___/___ CSC _____ Billing zip code _____

If sending a check, please **make it payable to Community Foundation of Central GA**, indicate "Friends of Rose Hill" in the MEMO line, then mail to:

Historic Macon Foundation
PO Box 13358
Macon, GA 31208

___ I would like to receive information about Historic Macon Foundation. Or you may visit rosehillcemetery.org.

Thank You!