

SLATER AREA HISTORICAL ASSOCIATION

MEMBERSHIP - MEMBERSHIP RENEWAL - MEMBERSHIP GIFT

Please check Membership Renewal Gift

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

a) Annual Membership.....\$20.00

b) Extra donation applied to operating expenses\$ _____

c) Extra donation applied to a specific purpose.....\$ _____

Apply to: _____

d) Memorial Donation.....\$ _____

Made in the Name of:

Total:.....\$ _____

We Accept Credit Cards **REQUIRED CREDIT CARD INFORMATION:**

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code/CVV: _____

Billing Zip Code: _____

Email: _____

(Required for receipt)

*If you wish to donate by phone
please call 515-321-0559*

Mail completed form with credit card information
or
check made to SAHA to:

SAHA, 318 First Avenue, Box 487, Slater, IA 50244

*If you have already paid this year's membership donation, please accept our sincere thanks.
Upon payment, you will receive a receipt for your tax deductible donation.*

Office Use: BF:___ MDB:___ MON:___ ACK:___