



Donation Form

Whether you are a long time supporter or giving for the first time, we thank you for your generous donation.

Donor Information:

First Name _____ Last Name _____

Address _____

City _____ State _____

Zip Code _____ Country _____

Phone _____ E-Mail _____

Donation:

Yes, please enroll me as a member.

Individual: \$35
Family: \$40
Corporate: \$100 and up
Sustaining: \$500
Life: \$1,000

I am enclosing: \$ _____

Please make your check payable to the *Suffolk County Historical Society*.

Please mail your check and this form to: Suffolk County Historical Society
300 West Main St.
Riverhead, NY 11901-2894