



# Membership Application

## Corporate Levels

**Posterity**

**Patron  
\$1000**

**Legacy**

**Benefactor  
\$2500**

**Conservation**

**Champion  
\$5000**

**Lifetime**

**Heritage Sponsor  
\$10,000**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

### Preferred Method of Payment

Enclosed is My Check Made Payable to Loudoun Museum

Please Bill My:  VISA  MasterCard

Card # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

**Please Print, Complete and Mail Application to:**

**Loudoun Museum**  
16 Loudoun Street  
Leesburg, Virginia 20175