



Historic Marbold Farmstead Association

One of the things we are most grateful for is the support we receive from our loyal members. We hope you will use this form to become a member or renew your membership.

Name: _____

Address: _____

Phone: _____ Email: _____

Membership Levels: Individual - \$25.00 Household - \$35.00
(Membership year is from January 1 – December 31.)

Additional Gift: \$_____ Total payment enclosed: \$_____

Please do not list my name publicly as a donor.

I would like to receive the HMFA Quarterly by: email US mail

Please contact me about making a multi-year pledge or supporting a specific project.

Please make checks payable to HMFA and send to HMFA, PO Box 438, Greenview, IL 62642