

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Membership category:**



\$20 Non-Resident Member



\$10 Richfield Resident Member



\$35 Organization Member



\$500 Individual Lifetime Member

In addition to my paid membership, please consider my donation in the amount of \$\_\_\_\_\_ to be used towards (please check one):

- |  |  |
|--|--|
| <input type="checkbox"/> General Fund                | <input type="checkbox"/> Akron Community Foundation Endowment Fund |
| <input type="checkbox"/> Historic Home Stabilization | <input type="checkbox"/> Donation made in honor/memory of: _____   |

**I'd like to volunteer!** Please contact me by:

Email \_\_\_\_\_

Text \_\_\_\_\_

Phone \_\_\_\_\_

Payments also accepted online at our website or at a meeting or event.

Complete this form and mail it with your payment to:  
 Friends of Richfield Heritage Preserve  
 PO Box 194  
 Richfield OH 44286-0194