



MEMBERSHIP PACKAGE

SUPPORT **BOLADO PARK** BY MAKING A CONTRIBUTION TO THE
SAN BENITO COUNTY HERITAGE FOUNDATION

Personal Information

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Donation

\$1,000 Heritage Animal

Other _____

Membership Package

Standard (____ # children in family) \$600

Young Professional (21-30 years) \$250

\$2,000 Annual Sponsor

Payment Method

Check Enclosed

Credit Card Visa Master Card

Send to:

San Benito County Heritage Foundation

P.O. Box 1141

Tres Pinos, CA 95075

www.sbcheritagefoundation.com

Name on Card: _____

Credit Card # _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

All gifts are tax deductible (#27-0925169), and greatly appreciated!
Please make checks payable to the **San Benito County Heritage Foundation**.