

Please support Glidden Homestead today with your membership or donation!

Donation & Membership Form

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Please send my newsletters via postal mail email

Check enclosed

Master Card Visa Discover CSC/CVC _____

Card Number _____ Exp date _____

_____ ***Please contact me about leaving a bequest to Glidden Homestead.***

MEMBERSHIP LEVELS

New Membership Opportunity!

_____ **\$120 Sustaining (\$30, billed quarterly)**

_____ \$100 Heritage

_____ \$ 40 Family

_____ \$ 25 Individual

SUPPORT

_____ General donation

_____ Capital Fund donation

_____ Other _____

In Memory of _____

In Honor of _____

Federal Tax ID #36-4040683

Mail to : Glidden Homestead, 921 W. Lincoln Hwy., DeKalb, IL 60115