

MEMBERSHIP FORM

Save Historic Antietam Foundation Inc.

P. O. Box 550

Sharpsburg, MD 21782

Name _____

Address _____

City _____ State _____

Zip _____ Telephone _____

Email address _____

(Using email for communications saves us a lot of money, thank you.)

Date _____

Annual Sustaining member \$25 / yr. _____

Defender level \$ 26-100 /yr. _____

Protector level \$100 + /yr. _____

Thank you!