



**Ravena Coeymans Historical Society
Sponsorship Drive**

Business Name: _____
Primary contact: _____
Address _____
Business Phone: _____ Cell Phone: _____
Email: _____

Sponsorship Levels

Business Supporter	\$50/annually
Business Sustaining	\$100+/annually
Business Patron	\$250+/annually
Business Benefactor	\$1000+/annually

Sponsorship Total \$ _____

Please consider making an **additional tax-deductible** contribution to:

\$_____ Preservation

\$_____ Museum/Exhibits

Annual Fund Gift \$ _____

Total Paid \$ _____

Please make your check payable to **Ravena Coeymans Historical Society** and mail it with this membership form to:

Ravena Coeymans Historical Society
Attn: Treasurer
P.O. Box 324
Ravena, NY 12143