



Friends of the Yellowstone Gateway Museum
PO Box 815
Livingston, MT 59047
406-222-4184
www.yellowstonegatewaymuseum.org

You may use this form for memberships, sponsorships, donations, or memorials.

Date: _____

My name: _____

Address: _____

City: _____ ST: _____ Zip: _____ Phone: _____

Email: _____

Annual Membership

Individual: \$15
Family: \$25

Annual Sponsorship

Business: \$ 50
Gold : \$ 500
Platinum: \$1,000

Other Funds Donation: \$ _____

You may allocate your donation to go to one of the below funds (please circle).

ADA Elevator/Summer Internship/Acquisitions/Education/Preservation

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Memorial Donations, please complete below:

In honor of (please print): _____

Please inform the below person(s) of my donation:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____ Phone: _____

Please make check payable to Friends of Yellowstone Gateway Museum; please call for credit card payment.
Membership includes free museum admission and 10% discount in gift shop.