

**Print this page, fill it out and mail it (with check or card number)
to HFFI at address below.**

Become and HFFI member to preserve and enjoy our rich history!

Name(s): _____
(Please list names of all family members you want membership cards for. First & Last as
you would like it to read on the card. Family – Benefactor can have up to 4 cards;
Lifetime can have cards for all **immediate** family members.)

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Circle one: MC VISA Card#: _____

Cardholder Name: _____ Amount: _____

Exp. Date: _____ Signature: _____

**Makes checks payable to:
HFFI
1200 Caroline Street
Fredericksburg, VA 22401**

- Lifetime\$5,000 or more
- Benefactor\$1,000
- Preservation Partner\$300
- Supporting\$100
- Family\$35
- Individual\$25
- Student\$15