

# JOIN US IN PRESERVING THE PLACES THAT TELL OUR STORIES

Please fill out this form on your computer, then print it out for mailing.  
Or print it out blank and fill it in by hand. Either way, we are grateful!

## ANNUAL MEMBERSHIP

Individual	___ \$ 35
Family	___ \$ 50
Business Patron	___ \$ 100
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*(As you wish to be acknowledged)*

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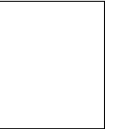
**Historic Lexington Foundation**

P.O. Box 901

Lexington, Virginia 24450-0901

Thank you!





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