

Membership Form

Please print this page, fill out the form, and mail with your donation to:

Friends of Hope Cemetery

c/o Hope Cemetery
119 Webster Street
Worcester, MA 01603

Yearly Dues

- New Membership Renewal Membership

INDIVIDUAL/FAMILY

- \$200 - Benefactor
 \$100 - Patron
 \$50 - Sustaining
 \$30 - Family/Dual
 \$20 - Individual

ORGANIZATION/CORPORATION

- \$200 - Benefactor
 \$100 - Patron
 \$50 - Sustaining

- I/We would like to make an additional gift of \$_____. Enclosed is \$_____.

Please make check payable to the Friends of Hope Cemetery.

Name _____ Tel. No. _____

Address _____

City _____ State _____ Zip _____

Email _____

I/We are pleased to join the Friends because of our interest in: _____

- Please check if you have relatives buried in Hope Cemetery.

Contributions are tax-deductible to the extent allowed by the law.