

Yes! I would like to support the Richmond County Museum through Membership.

Individual \$20 Family \$35 Patron \$50 Contribution: _____

"Volunteers Make It Happen!!" Yes, I would like to volunteer for the following:

- Publicity** **Hospitality** **Newsletter/Writing** **Gardening** **Fundraising**

Name: _____ **Telephone:** _____

Address: _____

Your E-mail Address: _____

RICHMOND COUNTY MUSEUM

Preserving the Past

Understanding the Present

Preparing for the Future



P. O. Box 884
Warsaw, Virginia 22572
Wed. – Sat. 11 a.m. – 3 p.m.
February to Mid-December



There are ways that you can help make the Richmond County Museum a Community Success:

Membership

Contributions

Volunteer

The Richmond County Museum is directed and run by Volunteers!

Please mark your return membership form to indicate how you can help as a volunteer.

VOLUNTEERS MAKE IT HAPPEN!!

Visit our website at:
www.co.richmond.va.us/museum.htm

RICHMOND COUNTY MUSEUM

- A center for learning
- A repository of the past
- A glimpse at ourselves and our world

All this and more can be experienced at Richmond County Museum.

A visit to the Museum offers an exciting opportunity to experience the diverse cultural and historical development of our county – to take pride in its past, to understand its present, and to prepare for the future.

We are pleased to extend this invitation to become a member of, or to renew your membership in, the Richmond County Museum Foundation. Your membership provides an opportunity to support community life.

It allows the Museum to continue its operation at no charge to the public – to continue offering school and community activities – to expand its present programs – and to offer even more activities and events in the future.

Please accept our invitation to become a Museum Foundation member, and join us in our goal of preserving and sharing the Richmond County story.

See you at the Museum!



A Richmond County Museum Membership will make a great gift for family or friends.

Please send my Individual \$20 **GIFT** Membership to:

Family \$35

Patron \$50

NAME: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____