Give the Gift of Ohio History!
2009 OHS Holiday/New Gift Order Form

Submit your gift order form through U.S. Mail
You may fill out the application below, print and mail it to:
Membership Office
Ohio Historical Society
1982 Velma Avenue
Columbus, OH 43211-2497

or via Phone
You may phone in the information to:
(614) 297-2332
(800) 686-1545
or Fax to:
(614) 297-2324

Membership Categories:

❒ **Supporter** ~~($235)~~ **NOW $220**
Admits 2 adults and all children under 18 in the immediate family
Includes TIMELINE and 4 single use guest passes
Includes publicly recognized $150 contribution to OHS

❒ **History Lover** ~~($85)~~ **NOW $70**
Admits 2 adults and all children under 18 in the immediate family
Includes TIMELINE and 2 single use guest passes

❒ **Family** ~~($55)~~ **NOW $40**
Admits 2 adults and all children under 18 in the immediate family

❒ **Individual** ~~($35)~~ **NOW $20**
Admits one adult plus one guest
❒ TIMELINE add-on subscription (add $30)

(Canadian memberships please add $10 and all other foreign memberships add $15 to the total amount due in order to cover postage & handling.)

Payment:

Gift Membership Dues $_____

Contribution to OHS* $_____

Total Amount $_____

*This contribution is fully tax-deductible. All, or a portion, of your membership dues may be tax-deductible depending on selected category.

❒ Cash
❒ Check made payable to the Ohio Historical Society
❒ Charge my: ❒ Visa ❒ MasterCard
❒ Discover ❒ American Express
Credit Card # _____

Expiration date _____

Security Code (last 3 digits on back of card)_____

Signature _____

This offer is available only to current OHS members and expires 12/31/09. **Please note that this opportunity applies <u>ONLY TO NEW GIFT MEMBERSHIPS</u>** (may not be used to renew your own membership). No other discounts may be taken with this offer.

This new membership is for:

<u>Adult Member 1</u>:
Mr./Mrs./Ms./Miss/Dr. (Circle one)

_____
Name (Please print)

Birth Date (optional): _____ / _____ / _____
month day year

<u>Adult Member 2</u>:
Mr./Mrs./Ms./Miss/Dr. (Circle one)

_____
Name (Please print)

Birth Date (optional): _____ / _____ / _____
month day year

_____
Street/Mailing Address

_____
City/State/Zip

(_____)_____(_____)_____
Day Phone Evening Phone

_____
E-mail Address

The gift membership is from:

Mr./Mrs./Ms./Miss/Dr. (Circle one)

_____
Name/s (Please print)

_____
Street/Mailing Address

_____
City/State/Zip

(_____)_____(_____)_____
Day Phone Evening Phone

_____
E-mail Address

❒ Send gift to recipient ❒ Send gift to me
❒ Send renewal to recipient ❒ Send renewal to me

Office Use Only
Site location: _____
Date sold: _____
Sold by (include employee ID #): _____
Packet and temp card given: _____Yes _____No
Appeal code: _____Holiday 09_____

Rev. 10/14/09