Friends of Rose Hill  
TAX-DEDUCTIBLE DONATION/MEMBERSHIP FORM

NAME:  ___________________________________________________________________________________________

ADDRESS:  _________________________________________________________________________________________

CITY:  ________________________________________  STATE:  _____________________  ZIP:  ____________________

PHONE:  ___________________________________  CELL:  ________________________________

EMAIL:  ___________________________________________________________________________________________

Please indicate your intention below:

___ I’d like to support Friends with a donation of this amount:  $ _____

___ I’d like to become a member of Friends. Choose a level below:

   Simri Rose     $1,000  ___
   Gabriel       $500     ___
   Archangel     $250     ___
   Guardian Angel $100    ___
   Angel         $50      ___
   Member        $25      ___

All levels may attend Rose Hill Rambles for free.

Method of Payment:

___ Check enclosed    ___ Credit Card

Credit Card # __ __ __ __ __ __ __ __ __ __ __ __ __ __ Exp. __/__  CSC _____ Billing zip code _____________

If sending a check, please make it payable to Community Foundation of Central GA, indicate “Friends of Rose Hill” in
the MEMO line, then mail to:

   Historic Macon Foundation
   PO Box 13358
   Macon, GA 31208

___ I would like to receive information about Historic Macon Foundation. Or you may visit rosehillcemetry.org.

Thank You!