Clinton County
Historical Society
Museum & Archives

CLINTON COUNTY HISTORICAL SOCIETY MEMBERSHIP & DONATION FORM

NAME:_____ E-MAIL:_____

ADDRESS:_____ CITY:_____

STATE_____ ZIP:_____ PHONE:_____ DATE:_____

MEMBERSHIP: NEW: _____ RENEWAL: _____

The *Clinton County Trails* will be sent to you quarterly by e-mail as a benefit of your membership.
If you want the *Trails* sent by surface mail it is an additional $20.

TYPES OF MEMBERSHIPS (select one)

Basic Individual/Family Yearly Membership = $40 **TOTAL**: _____

Basic Individual/Family Yearly Membership with mailed "Trails" = $60 **TOTAL: _____**

Sustaining Level = $100 **TOTAL: _____**

Patron Level = $150 **TOTAL: _____**

Benefactor Level = $250 **TOTAL: _____**

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DONATIONS OF EXTRA SUPPORT (Specify Amount) **TOTAL: _____**

SPECIFIC USE DESIGNATION (optional): _____

TOTAL PAYMENT: _____

IRS Regulations: No goods or services were received for donations received. A 501 (C) (3) organization. FEIN 38-9659575

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Make checks payable to: CCHS, P.O. Box 174, St. Johns, MI 48879

For credit card payments, please refer to our webpage at cchsmichigan.org

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Thank you for your continued support!

ARCHIVES
16101 Brook Rd
Lansing, MI 48906
(517) 482-5117 Ext. 1702

MUSEUM
106 Maple St.
St. Johns, MI 48879
(989) 224-2894

FOR OFFICE USE ONLY:

Processed by:_____ Check # _____ Deposited to:_____ Date:_____

Excel Entry:_____ Date:_____ Past Perfect Entry:_____ Date:_____

30 Jan 2026