

MUSEUM GIFT SHOP:

Two of our most popular items

The SDFNE's Charlie & Bertha Baldwin Museum offers a variety of great items, including tees, planners, cook books, dangles, pens, and not all are pictured here. Your purchase supports the preservation of Square Dance History. Please place your order by filling out the Order form & send to SDFNE office. Thank you.



#102 - SDFNE logo Tee = \$10



#103 - 35th Anniversary Tee =
One Tee = \$20
Two for \$35

Name _____
 Address _____
 City _____ State _____ Zip _____
 Item# _____ Quantity _____ Size _____ Total Amount Included \$ _____



Cut here -----

Please fill in this form & send to SDFNE Office.

NEW MEMBERSHIP:

- Annual - Indiv. \$20.00 p.p.
- Couple \$40.00
- Club or Organization \$50.00 ea.
- Corp. or Business \$150.00 per Co
- "500 Club" \$500.00 Indiv/Couple/Group

Or MEMBERSHIP UPGRADE:

- Life - Indiv. \$125.00 p.p.
- Couple \$250.00
- Club or Organization \$275.00 ea.
- Corp. or Business \$300.00 per Co.
- Grand Square Society \$1,000.00 Indiv/Couple/Group



Name: (Last) _____ (His) _____ (Hers) _____
 Address : _____
 City or Town: _____ State _____ Zip + 4 _____
 Tel: _____ Email: _____



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Please fill in this form & send to SDFNE Office.

I would like to **VOLUNTEER** at the Library and Museum on the following days:

- 1st or 3rd Saturday of the month:
- 2nd or 4th Wednesday of the month:

Please give your name, address and phone number and someone will contact you:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____



Here's looking at YOU!



Cut here -----

To make a **MEMORIAL DONATION** for a loved one, fill in this form & send to SDFNE Office, Attn: Memorials Chairman
238 Woburn St., Reading MA 01867-2838

In Loving Memory of _____
 A Memorial Contribution Is Herewith Made To: Square Dance Foundation of New England, Inc.
Please make check payable to SDFNE, Inc.

By (Donor Name) _____
 Donor's Address _____
 City _____ State _____ Zip _____

Please provide the address of deceased's family below:

Name _____
 Address _____
 City _____ State _____ Zip _____

