

**HELP US TODAY
SO WE CAN PRESERVE AND PRESENT
OUR PAST... TOMORROW**

Historic Southwest Ohio

Membership

Yes! I wish to be a member!

Individual	\$30.00
Family	\$50.00
Hamilton County Park Pass	\$10.00
Additional Gift.....	\$ _____
Total	\$ _____



NAME

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

_____ My check is enclosed payable to HSO

_____ Please charge my credit card in the amount of \$ _____

_____ Visa _____ MasterCard

ACCOUNT NUMBER

EXP. DATE

SIGNATURE

Thank you for your support!