



Membership Form

Yes, I wish to join The Friends of The Woodlawn Cemetery. Please enroll me at the following level:

Platinum \$250

Silver \$50

Gold \$100

Bronze \$25

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please mail your check or credit card information to:

Friends of The Woodlawn Cemetery
Webster Avenue & E. 233rd Street
Bronx, NY 10470

Credit Card:

Number: _____

Visa Master Card Exp. Date: _____

Name on Card: _____