



**MEDINA
SANDSTONE
SOCIETY, INC.
STONECUTTER
ASSOCIATE**

*Please return the attached pledge
card with your donation made payable to:*

Medina Sandstone Society, Inc.
PO Box 25
Medina, NY 14103

Amount \$ _____ Date _____

*Medina Sandstone Society is a 501 (c) (3)
organization. A portion of your associate donation
may be used to grow the Sandstone Trust.*

THANK YOU!

Keep this portion for your records.

*Please accept my donation to be considered a
"Stonecutter" Associate of the Medina Sandstone Society*

Name _____

Business Name _____

Address _____

Town, State, Zip Code _____

Telephone _____

Email Address _____

Associate Donation: Individual or Family \$25 Other \$ _____

Signed _____ Date _____

Please return this portion with your contribution.