

# The Sophia Coxe Memorial Foundation & Education Center

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_  
email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

\_\_\_ Charge Card: MC/VISA/AMX

\_\_\_ Check

Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Send checks to:  
Sophia Coxe Foundation  
2207 Route 940, PO Box 235  
Drifton, PA 18221.

## ASSOCIATE MEMBERSHIP

Student.....\$ 10.00

Individual .....\$ 15.00

Family .....\$ 20.00

## CONTRIBUTORS

Breaker Boy .....\$ 50.00

Miner .....\$100.00

(Above contributions include Associate Membership)

Supervisor .....\$250.00

Angel .....\$500.00

(Includes Membership & free admission to all events)

Guardian ..... \$1,000.00

(Includes Membership, Free Admission to all events and Education Classes)