

ABOUT US

Begun by like-minded Schuyler County residents in 1960, we are a chartered 501c3 under the New York State Department of Education. The Brick Tavern Museum is our flagship site, where visitors, researchers, and historians have an opportunity to delve into our rich history dating back to the 1779 Sullivan Clinton Campaign and further - to when the Lamoka people lived on these lands! In total, the Society oversees three historic sites and all their collections.

All three of our historic buildings are listed on the State and National Registry. The Brick Tavern Museum was added in 1994, the Lee School in 1998 and the Lawrence Chapel in 2024.

CONTACT US



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www.schuylerhistory.org



FaceBook and Instagram

Schuyler County Historical Society

Capital Campaign 2025



“UPLIFTING HISTORY!”

PLEDGE FORM

ACCESSIBILITY FOR ALL

2025 GIFT AGREEMENT

Name/s: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

I/We wish to make wish to contribute to the Schuyler County Historical Society for their 2025 Capital Campaign, "Uplifting History." This donation supports the accessibility project, which will allow every visitor to the Brick Tavern Museum to experience and access all of our exhibitions.

_____ I/We enclose a one time donation of \$_____.

_____ I/We pledge a total of \$_____ over 2 or 3 years.*

*Donations over \$1K can be spread over max of 3 years.

☐ Annually

☐ Quarterly

_____ Month _____ Year \$_____ Pledge Payment

_____ Month _____ Year \$_____ Pledge Payment

_____ Month _____ Year \$_____ Pledge Payment

_____ Month _____ Year \$_____ Pledge Payment

My/Our Gift is made by:

_____ Cash _____ Check _____ Credit Card

_____ Securities (Please contact SCHS for guidance)

Payment Information:

Credit Card #: _____

_____ Exp _____ CCV _____ Zip Code

☐ I/We are affiliated with a matching gifts program; the form is enclosed.

In Honor of OR In Memory of:

Name/s: _____

Print Name As It Will Appear in Publications

Name/s: _____

Signature: _____

☐ I prefer my donation be anonymous.

Please Return for this completed and signed form to:

Schuyler County Historical Society
PO Box 651, Montour Falls, NY 14865

***** FOR INTERNAL USE ONLY*****

_____ Date Rec'd _____ Initials _____ Check #

_____ Acknowledgment _____ Date _____ DB