



## PRESERVATION DELAWARE

P.O. Box 70  
New Castle, DE 19720  
302.322.7100

### Contribution Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is my/our check for \$\_\_\_\_\_ made payable to Preservation Delaware.

Please bill my Mastercard/Visa for \$\_\_\_\_\_ Card No. \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_ CSC \_\_\_\_\_

(3 digit code on card back)

I/We are pleased to support Preservation Delaware by a contribution of the following amount:

- \$2,500.00
- \$1,000.00
- \$500.00
- \$250.00
- \$100.00
- \$50.00
- \_\_\_\_\_ Other amount

I/We would like to receive information on becoming a member of Preservation Delaware.

I/We would like to receive E-News from Preservation Delaware: \_\_\_\_\_  
(Email Address)

***Thank you again for your continued support of Preservation Delaware.***