



Your History... Is Our History!

...a capital campaign for the future

Print Name(s)			
Address			
City, State, Zip			
Preferred Phone (Day)		Email Address	

(√) Donor Recognition	
<input type="checkbox"/>	Please print name(s) to be listed.
<input type="checkbox"/>	I/We wish to remain anonymous.

(√) Gift/Pledge Information						
<input type="checkbox"/>	I am making a one-time gift of \$ _____					
<input type="checkbox"/>	I am making a multi-year campaign pledge of \$ _____ as follows:					
	<table border="1"> <tr> <td>My pledge is for</td> <td>3 years</td> <td>2 years</td> <td>1 year</td> <td>Other _____</td> </tr> </table>	My pledge is for	3 years	2 years	1 year	Other _____
My pledge is for	3 years	2 years	1 year	Other _____		
<input type="checkbox"/>	I would like to make payments according to this schedule _____					
	<table border="1"> <tr> <td>Please send pledge reminder notices</td> <td>Quarterly</td> <td>Semi-Annually</td> <td>Annually</td> </tr> </table>	Please send pledge reminder notices	Quarterly	Semi-Annually	Annually	
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(√) Method of Payment						
<input type="checkbox"/>	Check made payable to Historical Society of the Phoenixville Area ("HSPA")					
<input type="checkbox"/>	<table border="1"> <tr> <td>Credit Card</td> <td>Visa</td> <td>MasterCard</td> <td>Discover</td> <td>Electronic Draft</td> </tr> </table>	Credit Card	Visa	MasterCard	Discover	Electronic Draft
Credit Card	Visa	MasterCard	Discover	Electronic Draft		
<input type="checkbox"/>	<table border="1"> <tr> <td>Card Number</td> <td>Expiration Date</td> <td>CVV #</td> </tr> </table>	Card Number	Expiration Date	CVV #		
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<input type="checkbox"/>	<table border="1"> <tr> <td>Name on the Card</td> <td>Signature</td> </tr> </table>	Name on the Card	Signature			
Name on the Card	Signature					

(Recurring credit card charges will be made on the 15th of each month.)

(√) Other Giving Options	
<input type="checkbox"/>	I will make an online gift of \$ _____ by giving to "HSPA"

Your gift is tax deductible as allowed by law. The official registration and financial information of Historical Society of the Phoenixville Area (EIN# 23-2125059) may be obtained from the Internal Revenue Service at www.irs.gov or by calling the local office in King of Prussia, PA at 610-992-5130.



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I will request a matching fit of \$ _____ from (<i>corporation</i>) _____
I will make a deferred gift to the Historical Society of the Phoenixville Area , such as including it in my Will

Authorization			
Signature		Date	
Signature		Date	

Please return completed form to Treasurer, Julian McCracken, Historical Society of the Phoenixville Area, 204 Church Street, Phoenixville, PA 19460 For more information, please contact by email, Julian1955@aol.com or (610)724-2675.

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