

Springdale Historic Preservation Foundation SUPPORTING MEMBERSHIP FORM

MEMBER INFORMATION (*required information)

NAME* : First / MI / Last			
ADDRESS*			
ITY*	ST*	ZIP*	PHONE*
MAIL*	SPOUSE / PARTN	ER NAME	
ECOGNITION			
not specified below, your name(:	s) will appear as: " First-Na	me and First-N	lame Last-Name"
] Name(s) to appear as:			
] In memory of:			
] In honor of:			
] Anonymous : I/We do not war	nt recognition.		
MEMBERSHIP LEVEL			
Single Membership		S2,500 - \$9.999 : Angel Membership	
S175 : Couples Membership		\$10,000 and above : 1854 Society Membership	
S500 - \$2,499 : Gatekeeper Memgership		Other Amount \$	
My company		will match this pledge.	
Other companies may also h	yee or retiree, the Caterpillc ave an applicable matching		l match your gift up to \$10,000.
PAYMENT INFORMA		_	
	Please charge my:	L MC	AmEx Visa Discover
Enclosed is a check for my total contribution,	Cardholder's Name		Exp. Date
made payable to the			
Springdale Historic	Credit Card #		3-digiit PIN
springdale i notorite	1		
Preservation Foundation.			N
	Billing Address (if diffe	erent from above,	



This form indicates my philanthropic intent and will be held in the strictest confidence.

Return this form along with payment to: Springdale Historic Preservation Foundation PO Box 5511 • Peoria, IL • 61601-5511

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