## MAIL IN DONATION FORM

## Paul Revere Memorial Association

Enclosed is my che	eck made payab	le to the Paul Rev	ere Memorial Assoc	ciatior
in the following am	nount:			
PLEASE CIRC	LE ONE:			
\$2,500	\$1,500	\$1,000	\$500	
\$250	\$100	\$50	Other:	
Name:				
Street:				
City:				
State:				
Zip:				
My gift will be match	ed by			
DONATION TY	PE:			
General	General Annual Appeal			
PAYMENT INF	ORMATION	<b>:</b>		
Credit Card #				
Card Type:				

Name on Card: \_\_\_\_\_

Signiture:

## **PLEASE MAIL TO:**

Paul Revere Memorial Association 19 North Sqaure Boston, MA 02113 Gifts to the Association are tax deductible within the limit of the law. A financial statement is available upon request.