

**Mail In Donation Form
Paul Revere Memorial Association**

Enclosed is my check made payable to the Paul Revere Memorial Association, in the following amount:

Please circle one:

\$2,500 \$1,500 \$1,000 \$500
\$250 \$100 \$50 Other _____

Name: _____

Street: _____

City: _____

State: _____

Zip: _____

My gift will be matched by _____

Please send me information about the Capital Fund

Donation Type (circle one):

General Capital Campaign

Credit Card #: _____

Exp. Date: _____

Card Type: Amex VISA MC

Name on Card: _____

Signature: _____

Please mail your donations to:

Office of the Executive Director
Paul Revere Memorial Association
19 North Square
Boston, MA 02113

Gifts to the Association are tax deductible within the limit of the law.
A financial statement is available upon request.