

Yes!

I WANT TO HELP PRESERVE OUR NATION'S HERITAGE, PLEASE SIGN ME UP.

(Please print)

Name

Address

City

State

Zip

Daytime Phone

E-mail Address

Type of Membership:

\$1000 Benefactor

\$500 Patron

\$250 Sustaining Member

\$100 Active Member

\$35 Annual Member

Additional Contribution: \$ _____

Please return completed membership form with a check payable to: **Richmond Battlefields Association**
Mail completed form to: **Richmond Battlefields Association P.O. Box 13945 Richmond, Virginia 23225**
Contributions may be deductible as provided in 26 USC Sec. 170.