

# 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.**