

Na	ıme(s):																				
Mailing Address:														-							
City, State, Zip:														-							
Physical Address:														-							
Cit	City, State, Zip:													-							
Ph	one numbers	s- for e	each i	ndica	ite coi	ntact i	name	and	wheth	er ho	me, c	ell, or	work	numbe	er.						
Ph	one 1:						Phone 2:														
Em	nail 1:		Email 2:																		
□ YES! I would like to volunteer. My interests are:																					
	Memb		Dloogo oborno ross anodit cond																		
	Individual \$30.00 Family \$60.00 Business \$100.00				Ca	Please charge my credit card Card #															
□ Lifetime \$500.00					E	Exp Security Code Zip															
Bu	siness Name	e:																			•
Ad	dress:																	_			
Phone Number: Email:												_									
	YES! I am i	includi	ng a	donat	tion of	\$			tov	wards	the fo	ollowir	ng CHI	HS pro	ject:						
	onations can	-	-			-		-													any
	□ I want to buy a brick! The bricks will pave the path by the museum's garden. Show you support for CHHS or commemorate a loved one! Commemorative Bricks are \$100.																				
Ins	scription Line	1:																			
Inscription Line 2:																					
Ins	scription Line	3:																			

Commemorative bricks may have up to 18 characters per line for up to 3 lines. Spaces count as characters and there must be a space between each word.

Please make your checks payable to the Chappell Hill Historical Society. This form and payment can be brought or mailed to: