

## WHEATLAND ROOF FUND PLEDGE FORM

Yes! I/W	e would like to support the Wh					
NAME:(as you wish to appear publicly)  I'd like to remain anonymous.						
ADDRESS	S:					
CITY, STA	ATE, & ZIP:					
PHONE:						
EMAIL: _						
		PAYMEN	T OPTION	IS		
Па	check for \$	is	enclosed. (Pl	ease make chec	k out to Lanca	aster History.)
□ I/	'We would like to make a paym  Visa/MasterCard			American Expre	SS	
	Credit Card Number:					
	Expiration Date:/ _	cc	CV:	Charge Amount	:	
	Signature:			_ Date:		<del>-</del>
	I/We would like to pay fo			of:		

## **REMIT TO**

LancasterHistory 230 North President Avenue Lancaster, PA 17603