

Heritage Preservation Trust, Inc.
DONATION/MEMBERSHIP

Name: _____

Address: _____

Phone: _____ Email: _____

Please accept my donation in the amount of \$ _____ for:

General Operating Fund: _____ Renovation/Preservation Fund: _____

I Pledge the amount of \$ _____ To be paid in _____ installments of \$ _____

Monthly [] Yearly []

Naming Rights: \$5000--Dedicate a historic room or area with a bronze plaque in your name or in memory of a loved one. Call 386-299-4974 for a list of available rooms.

Please make checks payable to: Heritage Preservation Trust , PO box #1845, DB 32115

Note: All donations above \$50 include membership to the Heritage Preservation Trust, Inc.

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