

Membership Application

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Name: _____

(Individual or Organization)

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Yes, I want to become a member of the Military Road School Preservation Trust.
Enclosed is my tax-deductible donation of \$15.00

I cannot become / am already a member at this time, but enclosed is my gift of

\$25

\$50

\$75

\$100

Other \$ _____

Method of Payment: Check Money Order Cash Credit Card

Card Type: () Visa () MasterCard

*Make Checks and Money
Orders payable to MRSPT*

Name _____
As printed on Card

Card # _____ Expiration Date _____ / _____

Signature _____

Complete application and return to Military Road School Preservation Trust, PO Box 56425
Washington, DC 20040-6425 or Fax to 301-890-3946.