

,	Mr.	Mrs.	IVIS.	Dr.	Miss
First Name:	MI:	Last Name:			
Company:					
Street Address:					
City:				•	
E-mail:	Phone	:		Fax:	
Donation Opportunities*:					
☐ Franklin Square Brick(s)* \$100/ea.		\$			
☐ Franklin Square Picnic Table* \$3,000/ea.		\$			
☐ Franklin Square		\$			
□ Betsy Ross House Individual Membership @	9 \$35	\$			
□ Betsy Ross House Family Membership @ \$	50	\$			
☐ Betsy Ross House Brick(s)* \$250/ea.		\$			
□ Betsy Ross House		\$			
☐ Lights of Liberty		\$			
☐ Historic Philadelphia, Inc.		\$			
Message as it should appear on brick* in Fran	iklin Square	or at the Be	tsy Ross I	House.	_ _
* Limit of 3 lines for brick messages —15 characters per	line, including	spaces. Use a	dditional she	ets for mult	_ iple donations.
* If you are interested in additional naming of (215) 629-5801 ext. 207 or donation@histo			ntact Miche	ele VonDe	ak at
_ _	-	f			
Address:					
Please check payment type:	Check enclo	•	to Histori	c Philadel	
Name as it appears on your credit card:					
Credit card number:			_ Exp:		

Donations to Historic Philadelphia, Inc. are fully tax-deductible.

The official registration and financial information of Historic Philadelphia, Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.

Please return form via fax (credit card donations only) or mail to:

Michele VonDeak, Senior Director of Development • Historic Philadelphia Inc.

150 S. Independence Mall West, Suite 550 • Philadelphia, PA 19106 • Fax: 215-629-5814

Questions: 215-629-4026 ext. 207 / donation@historicphiladelphia.org







