

## FOMB Membership Contribution

Please print!

FOMB is a 501C3 nonprofit organization. We will send written acknowledgment of your contribution to you. All contributions of \$100 or are listed in the Honor Roll on our website. If you prefer your membership contribution to remain anonymous, please indicate by checking here.  Anonymous

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### SUGGESTED MEMBERSHIP CATEGORIES

\$30 Individual       \$50 Family       \$100 Supporter Level       \$150 Leadership Level

\$200 Preservationist Level       Other Amount \$ \_\_\_\_\_

## FOMB Memorial Contribution

We welcome memorial contributions and those made in honor of special people. Memorials and honorary contributions are listed on our website. If you prefer for this memorial or honorary contribution not be listed, please indicate by checking here:  Do Not List on Friends website.

AMOUNT \$ \_\_\_\_\_ Choose One:       Memorial       Honorary Contribution

IN MEMORY OF \_\_\_\_\_

IN HONOR OF \_\_\_\_\_

BY \_\_\_\_\_

NO ACKNOWLEDGMENT REQUIRED

ACKNOWLEDGE THIS CONTRIBUTION TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### Payment Method

CHECK # \_\_\_\_\_       VISA       MASTERCARD       AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**RETURN TO: Friends of Mansfield Battlefield, P O Box 44144, Shreveport LA 71134-4144**