



*The Rebecca Nurse Homestead
Preservation Society*

Name: _____

Address: _____

City/Town: _____ State: _____ Zip code: _____

Email Address: _____

Please choose Membership level: (circle one)

Individual \$25

Couple \$35

Family \$50

Sponsor \$100

Patron \$250

Donation: _____

Total enclosed: _____

Please make checks payable to:

Danvers Alarm List Company

Fill this section out if paying with Credit Card

(if you already paid through our website you only need to fill out the top portion and send it in)

Name on Card: _____

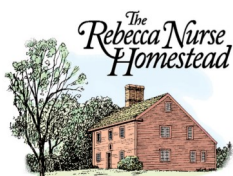
Billing Address (if different than above): _____

City/Town: _____ State: _____ Zip code: _____

Card Number: _____

Circle One: MC Visa AMEX Discover Expiration: ____/____ CVV Code: _____

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RebeccaNurse.org

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