

***Please make check payable and mail to:***

***Historic Wrightsville, Inc.***

***309 Locust Street, Wrightsville, PA 17368***

***Donation Amount***\_\_\_\_\_

***NAME***\_\_\_\_\_

***ADDRESS***\_\_\_\_\_

***CITY/STATE/ZIP***\_\_\_\_\_

***EMAIL***\_\_\_\_\_

***PHONE***\_\_\_\_\_

***Please indicate if your gift is in Memory or Honor or:***

\_\_\_\_\_

