

FRIENDS OF MANSFIELD BATTLEFIELD

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____
(with area code)

FRIENDS OF MANSFIELD BATTLEFIELD Membership Categories

\$25 Individual \$35 Family \$100 Legacy Level / Individual—Family Other \$ _____

\$100 Business-Organization/Regular \$150 Business-Organization/Leadership

Payment Method

CHECK VISA MASTERCARD AMERICAN EXPRESS

Number _____ Exp Date _____ V Code* _____

Name on Card _____ Signature _____

Billing Address _____

*security code on upper right of Amex (4 digits) or back of VISA/MC (3 digits)

PLEASE PRINT!

Please do not e-mail credit card information!

We welcome memorial contributions and those made in honor of special people.

When choosing this option be sure to include a separate sheet indicating:

Memorial or In Honor Of

Name of Person

Acknowledge to (name of person and address if different from yours)

Mail to: Friends of Mansfield Battlefield, P O Box 44144, Shreveport LA 71134-4144