



## DONOR FORM

(Please print out, complete and mail with your donation to:  
RESTORE, PO Box 222, Newburyport, MA 01950. We are a 501(c)(3) organization.

Name \_\_\_\_\_

NHS Class of (if applicable) \_\_\_\_\_

Company Name (if applicable) and/or Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Please accept my gift of \_\_\_ \$1000\*      \_\_\_ \$500      \_\_\_ \$250      \_\_\_ \$100

\_\_\_ \$50      \_\_\_ Other \_\_\_\_\_

\_\_\_ Check enclosed      Please bill my credit card. \_\_\_ MasterCard      \_\_\_ VISA Card

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card if different than above \_\_\_\_\_

I would like more information about:

\_\_\_ Creating a named endowment fund or other planned gift

\_\_\_ Corporate Sponsorships and Naming Opportunities.

\_\_\_ I would like to purchase a Brick for the Clipper Walkway for \$50.00. The inscription should read:

\_\_\_\_\_

\_\_\_ I would like to help! Please call or email me!

Please make checks payable to: RESTORE NHS Stadium

\* All individual donations of \$1,000 or more will be listed on a Wall of Donors to be posted on the Home side of World War Memorial Stadium when the restoration is completed.