

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Individual (\$25)

Family (\$50)

Sponsor (\$100)

Patron (\$250)

Donation to the Nurse Homestead Restoration in the amount of: \$ _____

We Accept Mastercard, Visa or Checks:

Mastercard/Visa # _____ **Exp. Date** _____

Please make checks payable to:

Danvers Alarm List Company, Inc.
149 Pine Street
Danvers, MA 01923