BEAUFORT Historical Foundation

Yes! I would like to contribute to the Beaufort Historical Foundation's goals to support the Beaufort Historical Association in its mission to build, construct, and maintain historic structures; engage in research about the history and heritage of the Town of Beaufort; assist with educational programs and restoration projects at the Beaufort Historic Site; and to supplement through gifts to the annual operating budget of the Beaufort Historical Association.

Name:			
Address:			
Phone:	Em	ail:	
would like to donate the following to the	ne Beaufort Historical F	oundation Endowment:	
☐ Gift Amount \$			
OR			
☐ Pledge of \$	to be paid in insta	allments	
of \$p	er year for a maximum	of 5 years.	
This gift is made:			
☐ In honor of		☐ In memory of	
☐ I have enclosed a check made payable	to the Beaufort Histor	ical Foundation, Inc.	
Credit Card Information:			
□ Visa	☐ MasterCard	☐ Americ	can Express
Card Number:		Expiration:	CCV
Cardholder Name (please print):			
Cardholder Signature:			
☐ My emplover will match my gift. (Plea	se enclose vour compa	ny's matching gift form)

Checks should be made payable to Beaufort Historical Foundation, Inc. and mailed to 150 Turner Street, Beaufort, NC 28516.

Beaufort Historical Foundation Tax ID: 56-1494551