Date: _____

Name: _____

Affiliation: _____

Address: _____

_____

_____

City, State, Zip: _____

Endowment Pledge

❒ **Yes, I would like to help build the NCPH Endowment. Please count my contribution of**

❒ $50 ❒ $500
❒ $100 ❒ $1,000
❒ $300 ❒ Other _____

Payment Information

❒ Check enclosed made payable to NCPH (Checks must be drawn in U.S. funds from a U.S. bank)
❒ Credit card
❒ Visa ❒ MasterCard ❒ American Express ❒ Discover

Acct#: _____

Expiration Date: _____

Signature: _____

Make all checks payable to:
National Council on Public History
127 Cavanaugh Hall – IUPUI
425 University Blvd.
Indianapolis, IN 46202

Fax: 317-278-5230