Alice Paul Centennial Foundation, Inc.

In recognition of the importance of honoring the memory of Alice Paul, I accept your invitation to join the Alice Paul Centennial Foundation and enclose a membership contribution of:

- ❑ $20 - Special Membership (under 21/ over 65)
- ❑ $30 - Individual Membership
- ❑ $60 - Family Membership
- ❑ $100 - Contributing Membership
- ❑ $150 - Organization Membership (for-profit)
- ❑ $60 - Organization Membership (not-for-profit)
- ❑ $250 - Friend of the Foundation

(Please make checks payable to the Alice Paul Centennial Foundation, Inc.)
Mail to: APCF, P.O. 472, Moorestown, NJ 08057
Contributions are deductible for income tax purposes as provided by law.

Dr./Mr./Mrs./Mr. & Mrs./Miss/Ms. _____
(circle choice) Please print name as you wish to appear in annual report.

_____
Address

_____
City, State, Zip

_____
Home Phone Work Phone

❑ I would like to learn more about volunteer opportunities with the Foundation.
❑ I would like information on the Preserving Paulsdale Campaign.
❑ I do not wish to join, but instead enclose a contribution of $ _____ .

Gift Membership

Please send a gift membership to:

_____
Name

_____
Address

_____
City, State,Zip

_____
Home Phone Work Phone

I have enclosed a membership contribution of $ _____ .