

**SEAFORD HISTORICAL SOCIETY
DONATION FORM**

Date _____ Member or Friend

Individual _____
Name

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Donation Amount: _____

Notes: _____

Please contact me immediately. I have an artifact or item that I would like to talk to you about donating.

IF you wish to give us an item, remember that you can contact us by phone or you may e-mail us using the button for mail on the web site under the membership page. Thank you.

Please contact me immediately. I would like to help by volunteering my talents, skills or time.

Areas of interest for volunteering

Bldg/Grnds Main Docent Fundraising Gift Shop Mailings Refreshments Telephoning

Make checks payable to the Seaford Historical Society
and mail to: 203 High Street Seaford, Delaware 19973