



WASHINGTON DC CHAPTER
National Railway Historical Society

Name _____

Address _____

City _____ State _____ ZIP/Postal Code _____

E-mail _____ Phone: _____

(provide your e-mail address to receive your free copy off the *Timetable* newsletter via email)

	Amount
<input type="checkbox"/> Yes! I want to join DCNRHS in preserving railroad history and providing meaningful educational programs with my donation of:	
<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other _____	_____
Specific DCNRHS Donation Amount	
I am making a donation off \$100 or more and I want to designate this amount to the following special DCNRHS preservation project :	
<input type="checkbox"/> Dover Harbor	_____
<input type="checkbox"/> RailCamp Scholarship/Youth Education	_____
<input type="checkbox"/> Martin F. O'Rourke Memorial Railroad Library	_____
<input type="checkbox"/> Send a printed copy of the <i>Timetable</i> newsletter mailed to the address (above). I have included an additional \$55 to cover printing and mailing (<u>not</u> tax deductible).	_____

My donation includes the following family members: **Total:** _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Payment Information:

☐ Check payable to Washington, D.C. Chapter NRHS (DCNRHS)

☐ Charge my Mastercard/Visa:

☐ One-time payment of: \$ _____

☐ Recurring Payment: \$ _____ per month

My employer will match my donation:

Company: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card No: _____

Expiration: Month _____ Year _____ CID _____

Signature: _____ Date: _____

**Please send this form with your check
or payment information to:**

**DCNRHS
Attn: Membership Director
1325 G ST NW STE 500
Washington, DC 20005-3136**