



***Yes, I want to support Newport Restoration Foundation!***

Enclosed is a contribution in the amount of:

\$200  \$100  \$50  \$25  \$10  My best gift of \$ \_\_\_\_\_

Check enclosed *Please make payable to Newport Restoration Foundation*

Please charge to my credit card *Provide card information below*

Please enroll me in *Restoration Partners*, your monthly giving program, and automatically charge my credit card \$ \_\_\_\_\_ per month.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like your name(s) listed in our annual report?

\_\_\_\_\_

**Credit Card information**

MasterCard  Visa  American Express  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Additional Information**

This gift is  in memory of  in honor of Name: \_\_\_\_\_

Please send acknowledgement of this gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Enclosed is my company's matching gift form

*Once completed, please mail this form to NRF, 51 Touro Street, Newport, RI 02840  
For questions about this form or other ways to make a gift to NRF, please contact 401.849.7300 x117*