

PENNSVILLE TOWNSHIP HISTORICAL SOCIETY

# MEMORIAL OR HONOR GIFTS

Your name and address:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

This gift is in honor of (living):

\_\_\_\_\_

This gift is in loving memory of (deceased)

\_\_\_\_\_

Please send an acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Please send your check to:  
Pennsville Township Historical Society  
86 Churchlanding Road  
Pennsville, NJ 08070**