



HISTORIC NEW CARLISLE, INC.

Yes, I would like to make a tax-deductible contribution to
Historic New Carlisle, Inc.

(Please check one)

General Fund

Annual Fund

Amount \$ _____

Name _____

Address _____

Return form with payment to: Historic New Carlisle, Inc.
P.O. Box 107
New Carlisle, IN 46552

Thank you for your support!