

Yes! I want to be a

# KEEPER of the BELL

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

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

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

E mail: \_\_\_\_\_

### Payment options:

- \$500 single and complete payment
- \$250 initial payment, then \$50/yr for 5 yrs.

### Payment method:

- check (enclosed)
- credit card
  - Visa    MC    Discover    Amex

Card # \_\_\_\_\_

Exp. \_\_\_\_\_

CVV \_\_\_\_\_

Signature \_\_\_\_\_

**Mail completed form to:**  
Overfalls Foundation  
P.O. Box 413  
Lewes, DE 19958