



**2024 Patron Donation**

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

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

E-Mail Address: \_\_\_\_\_

Yes, I would like to support the 58<sup>th</sup> Marietta Restoration Associates Annual Candlelight Tour.

**Name as you would like it to appear in the Tour Ticket/Brochure:**

\_\_\_\_\_

I am enclosing a check for the following gift amount:

\$50.00

\$75.00

\$100.00

\$250.00

\$500.00

\$ \_\_\_\_\_ Other

**Please make checks payable to MRA (Marietta Restoration Associates).**

467 E. Market Street

Marietta, PA 17547

Donations are tax deductible.

Thank you for your support!