

Suggested Request Form (printable – for ordering by mail or fax)

Your Name: _____

Postal Address: _____

Phone Number(s):

Home: _____

Mobile: _____

Fax: _____

E-Mail Address: _____

Surnames of Families / Branch in Question: _____

Nature / Extent of Research:

Payment –

I wish to authorize research worth approximately \$ _____

I enclose a retainer (at least half of authorization) of \$ _____

Pay By Check – Mail to 446 Hancock Road, Williamstown, MA 01267, U.S.A.

...or Credit Card – By phone, 413-884-1007 – mail – or webmail, research@markwindover.com

Enter Total Amount of Charge: \$ _____

Enter Charge / Credit Card Number:

American Express: _____

Mastercard/Visa: _____

Expiration Date: ____ / ____

Print Cardholder's Name (as on card) _____

Billing Address of Account: _____

Today's Date: _____

Signature: _____