



## RESEARCH BY MAIL REQUEST FORM

Nabb Research Center Camden Salisbury, MD 21801 or contact us at 410-543-6311  
v š Œ@salisbury.edu.

Date \_\_\_\_\_

Name \_\_\_\_\_

Street Address and mailing address (if different) \_\_\_\_\_  
\_\_\_\_\_

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

Daytime phone \_\_\_\_\_ maiE \_\_\_\_\_

Are you a current Nabb Research Center member: Yes \_\_\_\_\_ No \_\_\_\_\_

How many hours of research did you want performed (see schedule). \_\_\_\_\_

Amount enclosed or authorized to charge \_\_\_\_\_

If additional research time is warranted, our researcher will let you know and you can advise if you would like it done at this time. If additional money is based on the number of copies made, we will contact you.

Method of Payment

\_\_\_\_ Check (made payable to Salisbury University Foundation) \_\_\_\_ Credit card (see below)

Credit Card Authorization I authorize the Salisbury University Foundation to charge my credit card listed below for research services.

Charge to: Vsa \_\_\_\_ Mastercard \_\_\_\_ American Express \_\_\_\_ Expiration Date \_\_\_\_\_

Card number \_\_\_\_\_ Security code (on back) \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_