



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)

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