

Wenatchee Area Genealogical Society
Chadbourne Collection Request Form

Please print form and type or print information.

WAGS Use Only:
Librarian: _____
Date: _____
Cash Amt: _____
CK Amt: _____
CK Num: _____

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

City: _____ **State:** _____ **Zip:** _____

REQUESTED RECORDS:

NAME

FILE CABINET

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The cost for each record: \$10.⁰⁰ for Non-WAGS Member.
\$ 8.⁰⁰ for WAGS Member.

Total number of requests _____ X \$10.⁰⁰ or \$8.⁰⁰ = \$_____.

Enclosed please find a Check/MO/Cash of \$_____ for _____ requests.

Please sign here for your order, _____

Make check or money order payable to Wenatchee Area Genealogical Society and mail with this form to:

Wenatchee Area Genealogical Society
Attn' Chadbourne Collection
P.O. Box 5280
Wenatchee, WA 98807-5280

Processed by: _____ **Date Processed:** _____ **Mailed:** _____ **Hold for PU:** _____

Any information/material received from the Wenatchee Area Genealogical Society may not be used for commercial use.