

Wenatchee Area Genealogical Society

Civil War Veterans 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:

<u>NAME</u>	<u>BOOK</u>	<u>PAGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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' Civil War Veterans
 P.O. Box 5280
 Wenatchee, WA 98807-5280

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

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