



RESEARCH BY MAIL REQUEST FORM

1. Print and fill out all section of this form.
2. Mail this form **along with specific research request** and payment to:

Nabb Research Center 1101 Camden Ave. Salisbury, MD 21801 or contact us at 410-543-6312 or rcdhac@salisbury.edu.

Date _____

Name _____

Street Address and mailing address (if different) _____

City _____ State _____ Zip _____

Daytime phone _____ Email _____

Are you a current Nabb Research Center member: Yes _____ No _____

How many hours of research did you want performed (see fee 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 due 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: Visa ____ Mastercard ____ American Express ____ Expiration Date _____

Card number _____ Security code (on back) _____

Cardholder name: _____

Cardholder signature: _____