

# The Historical Society of Pennsylvania

## Research By Mail Form

### Instructions:

1. Fill out the form below. Please print.
2. Mail this form with a **specific research/reference request** and **payment** to: Research By Mail, The Historical Society of Pennsylvania, 1300 Locust Street, Philadelphia, PA 19107-5699; or fax to 215-732-2680.
3. Allow 8-10 weeks from receipt of payment for response (two weeks for rush service).

Name \_\_\_\_\_ HSP Member? (circle one) Yes No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone (\_\_\_\_) \_\_\_\_\_ Today's Date \_\_\_\_\_

### Research By Mail Fee Schedule (fees subject to change):

Service	HSP Members	Non-Members
First Hour	\$30	\$45
Each additional hour	\$25	\$35
Rush service per hour	\$40	\$60
Exact Citation Photocopy	\$0.50 per page plus \$10 service fee (add'l charge for orders over 50 pages)	\$0.50 per page plus \$10 service fee (add'l charge for orders over 50 pages)

### Method of Payment:

\_\_\_\_ Check (Make checks payable to The Historical Society of Pennsylvania)

\_\_\_\_ Credit Card (See below)

Amount \$ \_\_\_\_\_

### Credit Card Authorization:

I hereby authorize The Historical Society of Pennsylvania to charge the credit card number listed below for research/references services.

Charge to: \_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Cardholder

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

Cardholder's signature: \_\_\_\_\_