Enclosed is payment for the Trotter Review 2002:

☐ $15.00 ☐ $30.00 (Institution)

Please send me copies of the issue, Vol.____, No____, for a total cost of $______.

☐ This is a renewal.
☐ This is a change of address.
☐ Please send ordering information for back issues.
☐ Please send information on other Trotter Institute publications.

NAME________________________________________

AFFILIATION________________________________________

ADDRESS________________________________________

CITY________STATE________ZIP________

E-MAIL ___________________________ TEL ___________________________

Make your check payable to the Trotter Institute, University of Massachusetts Boston, and mail with the form to:

The William Monroe Trotter Institute
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125-3393
Attn: Publication Manager
The Harold Horton Fund a UMass Boston

The Philip and Tanya Hart Fund which was established in 1996 as part of the UMass Boston First capital campaign to raise private funds for the University recently established the Harold Horton Fund to support a lecture series and scholarships in urban education. Trotter Review subscribers and readers can contribute to this fund by filling out the pledge card below and send to the Office of Institutional Advancement, University of Massachusetts, Boston, 100 Morrissey Boulevard, Boston, MA 02125-33393. All gifts are tax-deductible.

Yes, I want to support the The Harold Horton Fund.

☐ $100  ☐ $75  ☐ $50  ☐ $25  ☐ Other

NAME ____________________________________________

ADDRESS ____________________________________________

CITY __________________________ STATE ____________ ZIP _______

TELEPHONE ________________________________

E-MAIL ____________________________________________

Enclosed is my gift of $__________ Matching gift by:________________

I pledge the sum of $__________ Matching Form enclosed ☐

Enclosed is a partial payment of $__________

(Please make checks payable to UMass Boston/Harold Horton Fund)

Please charge my credit card $__________ per month for _______ months

☐ Mastercard ☐ Visa Exp. date__________________

Acct. no. ____________________________

Cardholder Signature___________________________________________