
Donation Form

Name _____

Address _____

City _____ Zip _____

Tele. () _____

Enclosed is my donation of ___\$10 ___\$15 ___\$25 ___\$50 ___\$100
_____Other_____

Made check payable to PAR and mail to:

PAR, Inc.
P.O. Box 582
Bartonsville, PA 18321

May we list your name as a Donor in our Newsletter or web site? ___Yes
_____No

This donation is made ___In honor of _____In memory of

Name _____

Please send acknowledgement of donation to:

Name _____

Address _____

City _____ State _____ Zip _____