



Contribution Form

Contribution Amount: _____

Contributor: _____

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City: _____ State: _____ Zip: _____

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Contact Name: _____

Contact Email: _____

The PA Chamber Foundation appreciates your support. Please initial below to authorize the Chamber Foundation to acknowledge you/your organization publicly, or to request the contribution be anonymous.

____ I authorize the PA Chamber Foundation to acknowledge me/our organization publicly.

____ This contribution should remain anonymous.

Payment Options:

Enclosed is a check or money order made payable to PA Chamber Foundation.

Please charge credit card

Please send an invoice for a contribution of \$ _____.

Mail to:
PA Chamber Foundation
Attn: Finance Department
417 Walnut Street
Harrisburg, PA 17101

Type of Card (circle one):



Account Number: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature and Date: _____

Billing address for card: _____

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