

DONATION FORM

Lower Allen Township

NAME (contact person) _____

ORGANIZATION _____ PH # _____

ADDRESS _____ FAX# _____

EMAIL _____

DATE _____

? DONATION AMOUNT \$ _____

Please check the event you are interested in supporting. If you do not have a preference, please leave blank and you will be informed which event your monies will help support.

____ Easter Egg Hunt
____ Summer Concert
____ July 4th Picnic
____ DARE Program

____ Safety Day
____ Trick or Treat
____ Fire Prevention
____ Operation Santa

? I/we are interested in volunteering at an event, please call.

RETURN FORM TO:
Donna Paul
Lower Allen Township
1993 Hummel Avenue
Camp Hill, PA 17011

THANK YOU!