



Make Checks Payable to:

Take Back PA

236 CORNERSTONE DR
 NEWTOWN SQ, PA 19073-4049

Donor Information:

First Name: _____ Last Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Contact information: Phone _____ Email: _____

Contributions to ***TakeBackPA*** are not tax deductible.

_____ \$25	_____ \$50	_____ \$100	_____ \$200
_____ \$500	_____ \$1000	_____ \$2000	Other \$ _____

Contribution Rules

1. This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution.
2. I am at least eighteen years old.
3. I am making this contribution with my own money and not from a corporation or other entity.
4. I am a U.S. citizen or lawfully admitted permanent resident (i.e., green card holder).