

# Donation Form

## PA Association of RC&D Councils

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone	
Fax	
E-Mail	

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid: \_\_\_\_ now \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

I (we) plan to make this contribution in the form of: \_\_\_\_ cash \_\_\_\_ check \_\_\_\_ paypal \_\_\_\_ other.

Please make checks, corporate matches, or other gifts payable to PA Association of RC&D Councils