

McCandless-Franklin Park Ambulance Authority
Sustaining Fund Donation Form

I understand my gift is tax-deductible and represents a separate payment from my yearly subscription.

Please check a gift level that is comfortable for you:

Neighbor (you name the amount)

Friend \$ 50

Patron \$ 100

Sponsor \$ 250

Founder \$ 500

Benefactor \$ 1,000

Golden Benefactor \$ 2,500

If you selected the Neighbor gift level above,
please enter the amount that you would like to
donate:

Please print the name(s) as you would like it to appear on the scroll in our "Report to the Community":

Please check, if applicable:

In Memory Of (if deceased)

In Honor Of (if living)

Anonymous

Please complete the following for our records:

Name(s) of Donor:

Address:

Phone:

City:

State:

Zip Code:

Please return this form with your check, money
order or Charge My:

Visa

Exp. Date:

CVV:

Mastercard

Discover

Account Number:

Signature:

Print out and mail to: McCandless-Franklin Park Ambulance Authority, P.O. Box 1, Ingomar, PA 15127