



MAKE A DONATION

Print and mail or fax this form to:

OARC
c/o Charmagne Newman
1536 Haines Street
Philadelphia, PA 19126
Fax: 215-549-1631

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone (Home): _____

Phone (Other): _____

Employer: _____

Amount of Contribution: _____

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**Tribute (Please complete this section if your gift is a tribute):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Payment:

Check Enclosed _____ Please made payable to: **OARC** Amount: _____

A copy of the official registration and financial information may be obtained from the State of Pennsylvania by calling toll free, 1-800-732-0999. Registration does not imply endorsement.