

# Donation Form



Thank you for your support. Please print, complete and mail this form with your check to:

Marty Eveler Memorial Trust Fund, Inc.  
227 N. Main Street  
Jacobus, Pennsylvania 17407-1007

*\*asterisks indicate required information*

Title: \_\_\_\_\_

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_

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I am making a donation of:

\$20    \$30    \$50    \$75    \$100    other \$ \_\_\_\_\_

Please make check payable to Marty Fund Memorial Trust Fund, Inc.

To make your donation by credit card call us at 717-428-2753.

Thank you, every dollar helps a family in need.