



TROOP M CAMP CADET

PENNSYLVANIA STATE POLICE

Contribution Form

Corporate Donors

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name and Title: _____

Telephone Number: _____

E-mail Address: _____

Individual Donors

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail Address: _____

Amount of Contribution:	\$ _____
Date of Contribution:	_____

Please Return This Form with Your Check Payable To:

Pennsylvania State Police Troop M Camp Cadet Inc.
2930 Airport Road
Bethlehem PA 18017

Federal Tax ID Number: 23-2436716