

Required Information:

Full Name: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer name: _____

Central Pennsylvania Liberty PAC

Amount: _____

Optional Information:

Home Phone: (____) _____ Work Phone: (____) _____ FAX: (____) _____

E-mail Address: _____ Office Use Only: Check No. _____

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