

DCPASR
Donation Form

Name _____ Phone # (____) _____

Address _____

_____ email _____

Contribution to;

Amount

DCPASR Scholarship	\$ _____
Educational Grants	\$ _____
Lauretta Woodson Award	\$ _____
Newsletter	\$ _____

Please make your check payable to DCPASR and mail it with this form to:

John Decker

2307 Valley Road

Harrisburg, PA 17104-1433

**Thank you for
your generosity**
