

**WAVERLY COMMUNITY HOUSE, INC.
ANNUAL BUSINESS CAMPAIGN**

NAME OF BUSINESS _____
(Name and contact information as you wish it to appear in public acknowledgement. Check below if you wish to remain anonymous.)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

Giving levels are as follows:

____ Chairman's Council — \$1,000 and above

____ Corporate Partner — \$200-\$299

____ Founder's Council — \$500 to \$999

____ Shareholder — \$100-\$199

____ President's Council — \$300-\$499

We are grateful for your generosity.

____ **Yes, I would like to donate \$ _____ to the Sustaining Fund.** My check for \$ _____ is enclosed.

____ **Yes, I would like to pledge \$ _____.**

**Please bill me on _____, 20____
or payable in _____ installments.**

____ **Yes, I would like to sponsor an event
(form enclosed).**

____ *I do not wish to have my gift publicly acknowledged
in the Comm's newsletter.*

Bill my: VISA MasterCard

Amount: \$ _____

Card No.: _____

Expiration Date: _____

Signature: _____

Contributions are tax deductible within the limits of the law. The official registration and financial information of Waverly Community House, Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania: 800-732-0999. Registration does not imply endorsement.

Please make checks payable to: Waverly Community House, Inc.

**WAVERLY COMMUNITY HOUSE, INC.
1115 N Abington Road
P O Box 142
Waverly PA 18471**

