



**Judy, please accept this contribution to your campaign
so you can fight for our families in Harrisburg...**

___ \$500 ___ \$250 ___ \$150 ___ \$75 ___ \$50 Other \$ _____

Name: _____

Address: _____

City, ST ZIP: _____

E-mail: _____

Phone: _____ Fax: _____

*Contributions from corporations are prohibited by law.
Contributions are not tax deductible for income tax purposes.*

State law requires us to make our best effort to collect the following information for anyone donating \$250 or more in a calendar year:

Occupation: _____

Employer: _____

Employer Address: _____

Please make checks payable to: Friends of Judy Ward

Mail this form and your check to: Friends of Judy Ward
P.O. Box 288
Hollidaysburg, PA 16648

THANK YOU!