



Cris, please accept this contribution to your campaign so you can work on changing 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 Cris Dush

Mail this form and your check to:

**Friends of Cris Dush
314 Rhoades Lane
Brookville, PA 15825**

THANK YOU!

Paid for by Friends of Cris Dush