

CONTRIBUTION REPLY CARD

Contributor Name:	Where would you like your donation to be used?		
Mailing Address:	☐ Discover Dairy ☐ Da	airy Leaders of Tomorrow	☐ Internships ☐ Scholarships
Preferred Phone:	☐ Reserve ☐ Unrestr	ricted	
Email: Employer:		Title:	
Donation Amount: Gold (\$25,000+) Silver (\$10,000-\$2	4,999)	9,999) 🗌 Patron (\$500-\$4	,999) 🗌 Friend (\$100-\$499)
Payment Method: Check Enclosed (Make Checks payable to Center for Dairy Excellence Foundation)			
Payment will come from:		_	
☐ Please charge my ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express			
Card Number:	Expiration Date:	Security Code	e:
Billing Zip Code: Name as it appears on card	:		
Signature:	Date:		
I would like to make	nnual 🗌 Annual pledge pay	ments beginning on	(date) for(1-5 years)

RETURN COMPLETED FORM TO:

Center for Dairy Excellence Foundation 2301 North Cameron St., Harrisburg, PA 17110

QUESTIONS?

Phone: 717-346-0849 Fax: 717-705-2342 **Email:** kpurnell@centerfordairyexcellence.org

^{*} All gifts are tax deductible to the extent allowed by law. The Center for Dairy Excellence Foundation of Pennsylvania is registered as a charitable organization under IRC 501 (c)(3). (Tax ID #27-1943666). All new gifts to the Center for Dairy Excellence Foundation are subject to a 2% management and administration fee. All funds remaining within the foundation are subject to an annual 2% management and administration fee at the end of each fiscal year