

CONTRIBUTION REPLY CARD

Contributor Name:	Whe	Where would you like your donation to be used?		
Mailing Address:	Discover Dairy D	Discover Dairy Dairy Leaders of Tomorrow Internships Scholarship		
Preferred Phone:	Reserve	Unrestricted	Endov	vment
Email:Em	ployer:	Title:		
Donation Amount: Gold (\$25,000+) Silver (\$10,000 Payment Method: Check Enclosed (Make Checks paya Payment will come from:	able to Center for Dairy Excellen	ce Foundation	-\$4,999) 🗌 Friend	f (\$100-\$499)
☐ Please charge my ☐ VISA ☐ Mas	terCard Discover America	n Express		
Card Number:	Expiration Date:	Sec	curity Code:	
Billing Zip Code: Name as it appears	on card:		9 9	
Signature:	Date:		_	
I would like to make \(\sum Monthly \sum Quarterly \subseteq Semi-A	nnual Annual pledge payme	ents beginning on	(date) for	(1-5 years)
RETURN COMPLETED FORM TO:			QL	IESTIONS?
Center for Dairy Excellence Foundation 2301 North Cameron St., Harrisburg, PA 17110		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