

Supporter's Pledge Form

In support of the community and the
Local Annual Fundraising Campaign

by the
*Connoquenessing Valley
Community Chest,*

I wish to donate:

\$50 \$75 \$100

\$250 \$500

I wish to donate \$ _____

My donation will be in the form of

Method of Payment

Cash Check
 Payroll Deduction Pledge

_____ Date

_____ Name

_____ Address

_____ City State Zip-code

_____ Employed By

**Make checks
payable & mail
donations to:**

**CVCC
P. O. BOX 343
Zelienople, PA 16063**

Your donation is tax deductible to the fullest extent of the law.



Complete & keep the portion below for your records

_____ Name

_____ Address

_____ City State Zip-code

Amount of Donation \$ _____

Cash Check
 Payroll Deduction Pledge

**CONNOQUENESSING VALLEY
COMMUNITY CHEST**

**P. O. BOX 343
ZELIENOPLE, PA 16063**

Phone: 724-452-6370

Fax: 866-259-6590

E-mail: Info@CVCommunityChest.com

Website: www.CVCommunityChest.com