

To support MCESF please return this form to 6395 SR 103 North, Bldg. 50, Lewistown, PA 17044.

**Individual Memberships**

Enclosed is my contribution of :  
( ) \$10 per each family member  
( ) Other amount \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

**Corporate Memberships**

Enclosed is my contribution of :  
( ) \$100 corporate membership  
( ) Other amount \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Make Checks Payable to "MCESF". Your donation is tax deductible. Thank you.**

**A work in progress**