

*****Print out the stub below and mail with your check.*****

Suggested Contribution per Adult Member: \$ 475

Name(s) _____

I (We) will contribute this year: _____ per adult member, total _____

Amount enclosed _____ () Please send me a receipt for the enclosed contribution.

Send your check, made payable to Westtown Monthly Meeting, to:

Marc Dear
Westtown Monthly Meeting
1222 Mallard Rd
West Chester PA 19382
