

Scott, please accept this contribution to your campaign so you continue fighting for all of us in Harrisburg...

| \$500 | \$250 | \$150 | \$75 | \$50 | Other \$ | |
|-------------------|------------------|----------------|---|-------------|----------------------------|--|
| Name: | | | | | | |
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| City, ST ZIP: | | | | | | |
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| | | Fax: | | | | |
| | requires us to 1 | are not tax de | orations are productible for independent to colle to or more in a | come tax po | urposes. wing information | |
| Occupation: | | | | | | |
| Employer: | | | | | | |
| Employer Address | : | | | | | |
| Please make check | ks payable to: | Friends of S | cott Martin | | | |
| Mail this form an | d your check | 8 | Friends of Scott 02 Lightfoot D | Prive | | |

THANK YOU!