

**Type of Contribution:**    **Individual**    **Corporation**    **Partnership**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

*Please make check payable to: People for Magnarelli*

MC    Visa   Exp. date \_\_\_\_\_   CC# \_\_\_\_\_

Signature \_\_\_\_\_   This is my personal credit card and not a corporate card

*For more information, Please call or text*

*Marian at (315) 345-9700 or [lilliefix@twcny.rr.com](mailto:lilliefix@twcny.rr.com)*

*P.O. Box 6506 Syracuse, NY 13217*

