

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

P.O. Box 6506 Syracuse, NY 13217

