

MATCHING GRANT APPLICATION

(Please Type or Print)

TO BE COMPLETED :

Complete and mail entire application with a copy of the check or credit card information: to N.D. KARETAS, 2103 BUCKMAN AVE
WYOMISSING , PA 19610

Amount of Gift	Name of Institution/Organization		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order	Address of Institution		
Name	Check #	<i>OFFICE USE ONLY</i>	
Home Address: STREET	Credit card Number (Last 4 digits)	<i>Date Rec'd</i> _____	
CITY	STATE & ZIP CODE	<i>Date to Inst</i> _____	
		<i>Ret'd. by Inst</i> _____	
		<i>Co. Grant Iss'd</i> _____	
I certify that my gift is a voluntary charitable contribution & complies with the provision of the Matching Grant Program and does not represent in any way a fee or dues, tuition, or other services.			
SIGNATURE			DATE
Account # (if Applicable)			

