

Enclose	e is my dona	tion to P	AC Charitable	Foundation
\$2	20 \$50	\$100	\$200 C	Other \$
Please print clea	arly:			
NAME	P	HONE #	E-mail	
ADDRESS		_ CITY	STATE	ZIP
, ,		Or pay via P	ayPal	Suite A, Chicago, IL 60631 generosity! Bog zaplac!
I WISH T	O RECEIVE FUTU	JRE INFORMA	ATION ABOUT (CHE	CK ALL THAT APPLY):
Employee Ma	tching Gift Program N	Making a Gift of Stoc	k or Other Assets Rem	nembering PACCF in My Will
Other Informati	on (please specify)			