



# Annual Fund

Please mail this form and your check to:  
WRC • PO Box 975 • Scranton, PA 18510

Date: \_\_\_\_\_ (Please PRINT all information clearly)

**Please check if you wish to remain an anonymous contributor**

My Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

(Receipt will be mailed to the above address)

E-Mail: \_\_\_\_\_

**LEVEL OF SUPPORT** (please choose one):

- \$1,000**
- \$500**
- \$250**
- \$100**
- \$ 50**
- \$ 35**
- Other: \$ \_\_\_\_\_**

*For questions concerning your contribution, please contact  
our administrative office at : 570-346-4460.*

***We Thank you for your support.  
Your contribution is tax-deductible.***