

CONTACT LANCASTER HELPLINE

I am interested in helping by volunteering or making a gift:

Contact Information								
Name:								
Address:								
City:					State:		Zip:	
Rank the preferred contact method(s) 1-5 with 1 representing your first choice								
	Phone Number (work):							
	Phone Number (home):							
	Phone Number (cell):							
	E-Mail:							
	Other:							
Commitment (check those that interest you and fill in amount)								
		I am interested in volunteering as a call worker – please send me information.						
		I am interested in volunteering on a CONTACT committee – please send me information						
	\$	I would like to provide a gift where ever it is needed to support the good work of the organization or I know someone who might be interested in providing support.						
	\$	Gift Amount		Check enclosed or		To be paid by:		
	OR Please Bill Me			OR Credit Card # MC or V				
	Monthly	Beginning Month		Quarterly	Beginning Month		Semi Annual	Beginning Month
Signature:								

Forms should be returned to: P.O. Box 2454, Lancaster, PA 17608-2454

Phone: 717-509-7711