

Pennsylvania Association of School Retirees

MEMORIAL HONOR FUND

A contribution of \$_____ is being made to the Memorial Honor Fund in

Honor / Memory of _____

We would like the Chapter to send a sympathy card: Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Donor: Chapter Individual

Sender's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Date: ____/____/____

Mail To:

Memorial Honor Fund ♥ PASR ♥ 878 Century Dr. ♥ Mechanicsburg, PA 17055

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