



**Yes!** I would like to help!

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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Amount Enclosed: \$ \_\_\_\_\_

Thank you for your contribution.

Please make checks payable to Summer Seals Day Camp.  
Send check and this form to:

Summer Seals Day Camp  
PO Box 395 • Selinsgrove, PA 17870-0395  
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