



WARREN KAMPF

FOR STATE REPRESENTATIVE

Warren, please accept this contribution to your campaign so you can get
out your positive message about changing Harrisburg...

____ \$500 ____ \$250 ____ \$150 ____ \$75 ____ \$50 Other \$ ____

Name: _____

Address: _____

City, State & Zip: _____

E-mail: _____

Phone: _____

Fax: _____

Contributions from corporations are prohibited by law.
Contributions are not tax deductible for income tax purposes.

State law requires us to make our best effort to collect the following information for anyone donating \$250 or more in a calendar year:

Occupation: _____

Employer: _____

Employer Address: _____

Mail this form and your check to:

Friends of Warren Kampf
14 Calvert Circle
Paoli, PA 19301

THANK YOU!

Paid for by Friends of Warren Kampf