

Yes, I would like to support the 2017 JAHA Annual Appeal:

Name _____

Address _____

City _____

State _____

Zip _____

Phone _____

email address _____

I enclose my gift of:

\$500 \$100 Other _____

\$250 \$50

Check enclosed for full amount (Please make checks payable to J.A.H.A.)

Charge the amount to my:

Visa Mastercard

 Name on card _____

 Card # _____ Expiration _____ Security code _____

 Signature _____

I prefer to make my donation in installments:

 Please charge my credit card \$ _____ every month for _____ months.

 (Provide card info in the lines above.)

Please mail this form to:

J.A.H.A.

P.O. Box 1889

Johnstown PA 15907