

GIVE THEM THE POWER TO PURSUE THEIR **DREAMS**



*Yes!
I would like to give the gift of
financial literacy!*

Name _____ Date _____
Address _____
Email _____ Phone _____
Signature _____

I would like to sponsor _____ classes in the _____ school district.

Additional school information _____

Enclosed is a check for \$ _____ made payable to **Junior Achievement**.

Please charge my: MC Visa Credit Card # _____
Exp. Date _____ Code # (on back of card) _____

Please send me an invoice.

I will pay online using PayPal – info@jascpa.org.

This is a gift in honor of _____

Please include this message: _____

Instead of sending the personalized gift card to me, please send it directly to:

Name: _____ Address: _____

Please return to:

Junior Achievement of South Central PA
610 South George Street, York, PA 17401
(717) 843-8028 ▲ www.jascpa.org