



SECA Donation Form

Donation Amount:

\$500 \$200 \$100 \$50 \$25 \$10 Other \$ _____

Check Enclosed : Y _____ N _____

Credit Card Type: VISA MasterCard Other _____

Credit Card Number: _____ Expiration Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

(Information provided is for the use of S.E.C.A. and its program providers.
S.E.C.A. does not sell or share any of the information provided.)

**** Please make checks payable to SECA. There is a fee imposed on returned checks**

(Signature) _____ (Print Name) _____ Date: _____

SECA Thanks You!

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