



Pennsylvania FFA Foundation
PO Box 157
East Berlin, PA 17316
www.paffa.org
ssparks@paffafoundation.org

Donation Claim

Event Volunteered OR Program Participated in:

Farm Show / Ag Progress Days / **Learning by Doing Grant**

Date: _____

Chapter Name: _____

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By signing below, you acknowledge you have received a check in the amount of \$_____ from the Pennsylvania FFA Foundation.

Signature of Recipient

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Please return this form to:
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Within 30 Days of receiving

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