FUNDRAISING FORM

Participant Name _____

Organization Name ALPHA FIRE COMPANY
40 EAST KING STREET, LITTLESTOWN PA 17340

Fundraiser Deadline TUESDAY DECEMBER 1, 2026

Name	Address + Phone Number	Coupon #		Total $
			x $10	
			x $10	
			x $10	
			x $10	
			x $10	
			x $10	
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