



# Camp Cadet of Somerset County

## 501(c)(3) Donation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (with area code) \_\_\_\_\_

Email address \_\_\_\_\_

*I would like to make a tax-deductible donation to the  
Camp Cadet program of Somerset County in the amount of*

\$ \_\_\_\_\_

A receipt will be mailed to you upon processing your donation.

Print out and mail this form and your donation to:

PA State Police, Somerset Barracks  
Attn: Camp Cadet of Somerset Co.  
142 Sagamore Street  
Somerset, PA 15501

Please make checks payable to: **Camp Cadet of Somerset County**

**Thank you for your generous support.**