



## INTEREST FORM

*This information will be used for contact and planning purposes only; it will not be shared with any outside groups. Please complete the items in the box; this is the minimum information required.*

<b>Name</b> (include all adults) _____			
<b>Street Address</b> _____			
<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____	<b>Phone</b> (____) _____ - _____

Email \_\_\_\_\_

Other phone numbers \_\_\_\_\_

Other email addresses \_\_\_\_\_

Children in household (if more space is needed, please add on back of page):

Name \_\_\_\_\_ Year of Birth \_\_\_\_\_

Name \_\_\_\_\_ Year of Birth \_\_\_\_\_

Name \_\_\_\_\_ Year of Birth \_\_\_\_\_

Name \_\_\_\_\_ Year of Birth \_\_\_\_\_

Name \_\_\_\_\_ Year of Birth \_\_\_\_\_

Name \_\_\_\_\_ Year of Birth \_\_\_\_\_

Name \_\_\_\_\_ Year of Birth \_\_\_\_\_

Please check all that apply:

We would like to be added to Ta-ri's database and subscribed to its email list.

We would like to learn more about volunteer opportunities in Ta-ri.

We have included a tax-deductible gift of \$ \_\_\_\_\_ with this form (checks made payable to Ta-ri).

We wish to pass on the following idea or suggestion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for your interest in Ta-ri! Please mail this form to:*

TA-RI, PO BOX 341, CAMP HILL, PA 17001