

INDEPENDENCE FIRST AID SQUAD  
P.O. Box 137  
Great Meadows, New Jersey 07830

Please print and complete this form, return it with your donation to the address above:

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Following are the amounts that will purchase a basket. Please indicate the amount that you are donating:

- |                          |         |                          |         |                          |         |                          |          |
|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|----------|
| <input type="checkbox"/> | \$40.00 | <input type="checkbox"/> | \$60.00 | <input type="checkbox"/> | \$80.00 | <input type="checkbox"/> | \$100.00 |
| <input type="checkbox"/> | \$45.00 | <input type="checkbox"/> | \$65.00 | <input type="checkbox"/> | \$85.00 | <input type="checkbox"/> | \$125.00 |
| <input type="checkbox"/> | \$50.00 | <input type="checkbox"/> | \$70.00 | <input type="checkbox"/> | \$90.00 | <input type="checkbox"/> | \$150.00 |
| <input type="checkbox"/> | \$55.00 | <input type="checkbox"/> | \$75.00 | <input type="checkbox"/> | \$95.00 |                          |          |

THANK YOU again for supporting the Independence First Aid Squad – please return by March 15<sup>th</sup>. If you have any questions please call 908-852-3422