



MAURICE ROHRBACH FUND

Founding Member Application Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (_____) - _____ - _____

Email: _____

Membership Eligibility

- One-time charitable donation in the amount of \$250.00 (per individual)
- Approval of the Founding Members, by vote

The MRF is a 501(c)(3) tax-exempt organization. All donations are tax-deductible to the extent allowed by law.

Please find enclosed check in the amount of \$ _____ .00

Date: _____ Signature: _____

Please make your check payable to "Maurice Rohrbach Fund" and mail it along with this form to the MRF Secretary: Dolf Herger, 142 Commonwealth Drive, Newtown, PA 18940-2316

For Office use only:

Date Application Received: _____

Date Application Approved: _____

Date Acceptance Letter Sent: _____

Signature of Secretary: _____