

Contribution Form

Sue, please accept this contribution to your campaign for State House so you can continue working to put the needs of working families and seniors first.

\$500	\$250 _	\$150 _	\$75 _	\$50	Other \$	
Name:						
Home Address:						
City, St, Zip:						
Phone:						
E-mail:						
Corporate Contribitax purposes.	utions prohi	bited. Contr	ibutions ai	re not tax	c deductible j	for income
Please make check	payable to:	Sue Helm fo	r State Ho	use Com	mittee	
Mail to:	Sue Helm		use Comm	ittee		

Thank you for your support!

Harrisburg, PA 17110