



2017 President's Club Intent

Organization: _____

Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

President's Club Investment \$600.00 Amount Enclosed: _____

Check enclosed Invoice Visa MasterCard Discover

Card Number: _____ - _____ - _____ - _____

Exp. Date: ____ - ____ Cardholder's Name/Signature: _____

3 Digit Security Code: _____

Central PA Chamber of Commerce
30 Lawton Lane
Milton, PA 17847

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Fax: 570-742-2008

Email: tjaikey@centralpachamber.com