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Address _____ City _____ State _____ Zip _____

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Amount enclosed _____ Checks payable to: **Polish Museum of America**

Credit card number (Visa, MasterCard, Discover) _____ exp. _____



Please respond by no later than **May 5, 2017**. Donations are Tax Deductible as provided by law.
Mail to: PMA 2017 Summer Gala, 984 N. Milwaukee Ave., Chicago, IL 60642-4101

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2017 PMA SUMMER GALA APPEAL

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|---|--|---|
| <input type="checkbox"/> Red Poppy - \$10,000 | <input type="checkbox"/> White Poppy - \$5,000 | <input type="checkbox"/> Pink Poppy - \$2,500 |
| <input type="checkbox"/> Biały Kruk - \$1,000 | <input type="checkbox"/> Curator - \$500 | <input type="checkbox"/> Archivist - \$250 |
| <input type="checkbox"/> Librarian - \$100 | <input type="checkbox"/> Registrar - \$50 | <input type="checkbox"/> Conservator - \$25 |

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