



First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Email Address:	<input type="text"/>
http://www:	<input type="text"/>

Primary mailing address

Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>

Phone number (optional)

Home Phone:	<input type="text"/>	Other:	<input type="text"/>
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Membership type

New Member:	<input type="checkbox"/>	Membership Renewal:	<input type="checkbox"/>	Sponsorship:	<input type="checkbox"/>
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Please choose your credit card option

<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
Name On Card:	<input type="text"/>				
Card No.:	<input type="text"/>				
Exp:	<input type="text"/>	Sec Code:	<input type="text"/>		

Please choose your donation amount

<input type="radio"/> \$25.	<input type="radio"/> \$300.	<input type="radio"/> CHECK: Please make your tax deductible Check or Money Order payable to: FACT Bucks County
<input type="radio"/> \$50.	<input type="radio"/> \$500.	
<input type="radio"/> \$100.	<input type="radio"/> \$1,000.	
<input type="radio"/> \$150.	<input type="radio"/> Other <input type="text"/>	

I'm making this donation...

In the name of:	<input type="text"/>
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