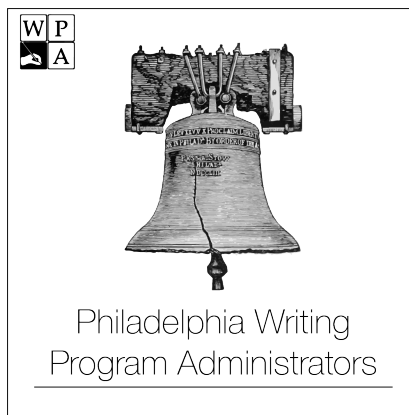


# INVOICE

*Please remit to:*

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215-573-2501



*Payable to Philadelphia Writing Program Administrators  
FOR: PWPA Membership Dues*

Description	Number of Memberships	Amount Per Membership
1-Year Institutional		\$100.00
2-Year Institutional		\$200.00
<b>TOTAL</b>		

Primary Contact*	
Institution	
Address	
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Date	
Signature	

\*Please provide contact information for the person who will serve as the institution's liaison to PWPA.