



RALPH SILVERMAN
MEMORIAL FOUNDATION SCHOLARSHIP PROGRAM

Yes, I would like to contribute to the future of our Industry. Please accept my contribution to the Ralph Silverman Memorial Foundation Scholarship program.

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I have enclosed a check in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

For your convenience, we accept the following credit cards

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APSA of Illinois
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Springfield, IL 62712-6818