



Retired Bankers Program

REQUEST MORE INFO

Please send me ___# of Retired Banker Brochures. We will send them to our retirees directly.

Name: _____ Nickname: _____

Title: _____

Bank: _____

Address: _____

City, State, Zip: _____

Tel.: _____ Fax: _____

E-Mail: _____

PBA Group Number: _____ Bank Deposit Size (round figures): _____

Please send Retired Banker Brochures to the following retired bankers:

Name: _____ Nickname: _____

Address: _____

City, State, Zip: _____

Tel.: _____ Fax: _____

E-Mail: _____

Name: _____ Nickname: _____

Address: _____

City, State, Zip: _____

Tel.: _____ Fax: _____

E-Mail: _____

Name: _____ Nickname: _____

Address: _____

City, State, Zip: _____

Tel.: _____ Fax: _____

E-Mail: _____

RETURN THIS FORM TO CINDY WALLETT
FAX (717) 233-6362 • MAIL P.O. Box 152, Harrisburg, PA 17108