

# **DEVELOPMENT FUND DONATION FORM**

**Please circle one:**            Memorial                            Honoraria

Print Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Gift is from:** (Information for a tax deductible receipt from the Chapter)

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please send an acknowledgement to:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please return this form, along with your “Siuslaw Chapter – ARS” check, to any Siuslaw Board Member or mail to:**

Siuslaw Chapter, ARS, Post Office Box 1701, Florence, OR 97439-0111