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