



## Sweet Adelines International Memorial Wall Giving Form

Thank you for your generosity. Your gift will make an immediate impact, while serving as a lasting legacy in memory of the individual you name below. Your contribution is tax deductible to the extent allowable by law.

### Memorialized Individual Information

This gift is in memory of:

Leave a memory or comment (optional):

### Gift Notification

Complete the following information if you would like Sweet Adelines to notify someone of the tribute gift you are making.

Notification Recipient Name:

Notification Recipient Address:

Notification Recipient Email:

We prefer to contact the notification recipient by email whenever possible.

### Donor Billing Information:

Name:

Address:

Email:

Gifts made from a chorus, quartet, or region, please complete the following information for appropriate designation:

Chorus/Quartet/Region Name:

Chorus/Quartet/Region Record Number:

**Gift Designation:** Please select a fund

- Greatest Need Fund    Education Fund    Scholarship Fund    Young Singers Fund

Donation Amount:

- I would like this gift to remain anonymous

**METHOD OF PAYMENT**

ONLY SUBMIT CREDIT CARD PAYMENT VIA FAX, PHONE OR POSTAL MAIL

<input type="checkbox"/> <b>Check Enclosed</b> (Please make payable to Sweet Adelines International)	<input type="checkbox"/> <b>Credit Card</b> *CC payment only acceptable via postal mail, fax or by phone.	
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> Amex	
	Card Number:	
	Expiration Date:	Security Code (CVV):
	Print Name:	
Signature:		