



Sweet Adelines International

Memorial 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: _____

City/State/Zip/Country: _____

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

Chorus/Quartet/Region Name: _____

I would like this gift to remain anonymous

Gift Designation Please select a fund:

Scholarship Fund Education Fund Young Singers Fund Greatest Need Fund (this is an unrestricted gift)

METHOD OF PAYMENT

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

<input type="checkbox"/> Check Enclosed (Please make payable to Sweet Adelines International)	<input type="checkbox"/> Credit Card *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: _____		