

⌘ COMMITMENT FORM ⌘

USE A SEPARATE COMMITMENT FORM FOR EACH MEMORIAL/HONORARIUM DESIRED

AMOUNT OF MEMORIAL/HONORARIUM: _____

PLEASE INITIAL HERE IF YOU PLEDGED TO THE CAPITAL CAMPAIGN AND WISH TO TAKE ADVANTAGE OF THE 25% DISCOUNT BEING OFFERED: _____

ITEM DESIRED (1ST CHOICE): _____
(INCLUDE ITEM#)

(2ND CHOICE): _____

(3RD CHOICE): _____

DONATED BY: _____

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

EMAIL

CIRCLE ONE: GIFT OR IN MEMORY OR IN HONOR OF _____

PLEASE SEND NOTIFICATION OF MEMORIAL/HONORARIUM TO:

NAME

ADDRESS

CITY, STATE, ZIP

ACKNOWLEDGEMENT DESIRED IN DEDICATION PROGRAM: YES NO

AMOUNT ENCLOSED: _____

*(BALANCE DESIRED BY JANUARY 31, 2012; OTHER PAYMENT
TERMS CAN BE ARRANGED WITH KEN TSCHIDA)*

CREDIT CARD TYPE _____

CC # _____

SECURITY CODE: _____

EXPIRATION DATE: _____

SIGNATURE

DATE