

INTERNATIONAL SHRINE CLOWN ASSOCIATION U.S. SNEAKER FUND DONATION FORM

NAME ON CHECK: _____ CHECK NO.: _____ AMOUNT: _____

CLOWN UNIT: _____ TEMPLE NAME: _____

TEMPLE NO.: _____ UNIT NO.: _____ AMBASSADOR: _____

AWARDS

RECIPIENT: _____

MAIL AWARD TO:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MEMORIALS

IN MEMORY OF: _____

MAIL ACKNOWLEDGEMENT TO:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SUBMITTED BY:

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

SEND DONATION FORM TO THE CURRENT ISCA SECRETARY LISTED AT <http://shrineclowns.com/elected.asp>