



International Shrine Clown Association – Donation Form



Name on Check _____ Check No. _____ Amount _____

Clown Unit _____ Temple Name _____

Temple No. _____ Unit No. _____ Ambassador _____

Award Options:

Memorials

Award Recipient:

In Memory Of: _____

Mail Award To:

Mail Acknowledgment To:

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Submitted By

Name _____

Date _____

Address _____

City/State/Zip _____

Phone _____

Mail completed form and check to ISCA Secretary -