



## 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 \_\_\_\_\_

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### Submitted By

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

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Mail completed form and check to ISCA Secretary -