

International Shrine Clown Association – Donation Form

Name on Check _____ Check No. _____ Amount _____

Clown Unit _____ Temple Name _____

Temple No. _____ Unit No. _____ Ambassador _____

Awards

Memorials

Recipient _____

In Memory Of: _____

Mail Award to:

Mail Acknowledgement To:

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Submitted By

Name _____

Date _____

Address _____

City/State/Zip _____

Phone _____

MAIL TO:
315 North Nebraska St.
PO Box 102
Marine, Illinois 62061

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