International Shrine Clown Association – Donation Form

| Name on Check | Check No | Amount |
|---|---|---|
| Clown Unit | Temple Name | |
| Temple No Unit No | Ambassador | |
| Awards | Memo | rials |
| Recipient I | In Memory Of: | |
| Mail Award to: | Mail Acknowled | dgement To: |
| Name | Name | |
| Address | Address | |
| City/State/Zip | City/State/Zip | |
| | | |
| Submitted By | Date | |
| Name | | LS.C.A. Secretary |
| AddressCity/State/Zip | | Hazel Green, AL 35750 |
| | | |
| | | |
| International Shrine Clown A | Association – Donat | ion Form |
| International Shrine Clown A | Association – DonatCheck No. | ion FormAmount |
| International Shrine Clown A | Association – DonatCheck No Temple Name | ion FormAmount |
| International Shrine Clown A Name on Check Clown Unit | Association – DonatCheck No Temple Name | ion FormAmount |
| International Shrine Clown A Name on Check Clown Unit Temple No Unit No Awards | Association — DonatCheck No Temple Name Ambassador | ion FormAmount rials |
| International Shrine Clown A Name on Check Clown Unit Temple No Unit No Awards | Association – DonatCheck No Temple Name Ambassador Memor | ion FormAmount rials |
| International Shrine Clown A Name on Check Clown Unit Temple No Unit No Awards Recipient I Mail Award to: | Association – Donat Check No Temple Name Ambassador Memory In Memory Of: | ion FormAmount rials dgement To: |
| International Shrine Clown A Name on Check Clown Unit Temple No Unit No Awards Recipient I Mail Award to: Name | Association — Donat Check NoTemple NameAmbassador Memory In Memory Of: Mail Acknowled | ion FormAmount rials digement To: |
| International Shrine Clown A Name on Check | Check No. Check No. Temple Name Ambassador Memori In Memory Of: Mail Acknowled | ion FormAmount rials digement To: |
| International Shrine Clown A Name on Check Clown Unit Unit No Unit No Awards | Check No Check No Temple Name Ambassador Memory Of: Mail Acknowled Name Address City/State/Zip | ion FormAmount rials dgement To: |
| International Shrine Clown A | Association — Donat Check NoTemple NameAmbassador Memory In Memory Of: Mail Acknowled Name Address City/State/Zip | rials dgement To: MAIL TO: |
| Name on Check | Association — DonateCheck NoTemple NameAmbassador Memory In Memory Of: Mail Acknowled Name Address City/State/Zip Date | ion Form Amount rials digement To: MAIL TO: I.S.C.A. Secretary |