

Donation Form

CHAPTER NAME AND # _____

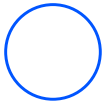
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

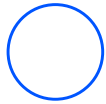
PHONE NUMBER: _____

Please place an X in the appropriate circle and mail this form with your check to **JDRF P.O. BOX 37920, Boone, IA 50037-0920.**

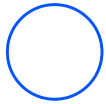
Or write the chapter name and number in the memo line or above your name/address information on your check and mail to the above address.



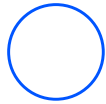
WALK



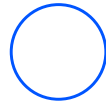
GALA



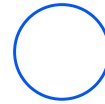
RIDE



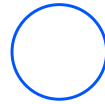
MEMORIAL/
HONORARIUM



MAJOR
GIFTS



PLANNED
GIFTS



GENERAL

SAMPLE

write here
or here

Arkansas Chapter #4007

Name _____ Date _____
Address _____
City, State Zip _____

Pay to the Order of _____ \$ _____ Dollars

For *Arkansas Chapter #4007* _____
Authorized Signature _____