



SSADH ASSOCIATION DONATION FORM

Name of Organization _____

Contact Name _____

Address _____

City, State, Zip _____

Telephone # () _____ Email _____

Merchandise _____ Est. Value _____

Donation Amount \$ _____

Please make checks payable to:

SSADH Association

PO Box 180622

Delafield, WI 53018

If you would rather donate by Credit Card in addition to the information above
please fill out the information below.

Name on Credit Card: _____

Credit Card Type: Master Card _____ Visa _____ AmEx _____

Credit Card Number: _____

Expiration Date: Month _____ Year _____

CSV Number: _____