

# Sumter Senior Services

PO Box 832, Sumter, SC 29151 (803) 773-5508

## Honorarium Donation Form

Donation Amount: \$ \_\_\_\_\_

### Check One:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

For payment, include a check with this form or provide the appropriate credit card information.

\_\_\_\_\_ I am paying by Credit Card \_\_\_\_\_ Check Enclosed

Credit Card Information:

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

**Please mail this to form to the address above.**

**Thank you.**