

YES! I'LL HELP STOKE THE MISSION THIS WINTER!

Please check your dollar amount below.

\$500 \$250 \$100 \$50 \$25 Other _____

NAME(S) _____

COMPANY/CLUB/ORGANIZATION _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE INCLUDING AREA CODE _____

EMAIL ADDRESS _____

IN HONOR/MEMORY OF _____

Will your company/organization match this gift? Yes No Not sure

MY GIFT WILL BE PAID BY

BY CHECK payable to: **Sertoma Speech and Hearing Center.**

Please include your check with this card in the provided envelope.

CREDIT CARD Visa MasterCard AMEX Discovery

ACCOUNT NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____

Please mail your completed form (with your check if paying by check) to:

**Sertoma Speech & Hearing Center
Stoke the Mission!
10409 South Roberts Road
Palos Hills IL 60465**

If you have any questions, please call 708-599-9500.

Thank you for helping us
Keep the Mission Stoked This Winter!

MY GIFT WILL BE PAID BY

BY CHECK payable to: **Sertoma Speech and Hearing Center.**

Please include your check with this card in the provided envelope.

CREDIT CARD Visa MasterCard AMEX Discovery

ACCOUNT NUMBER

EXPIRATION DATE

SIGNATURE

If you have any questions, please call 708-599-9500.

PLEASE FILL OUT THE OPPOSITE SIDE →

Thank you for helping us
Keep the Mission Stoked This Winter!