

Authorization Form for Gifts for Easter Seals

☐ YE	program. I	understand		s one-time member	S FOR EASTER SE ship donation that	
Pleas	e check one: \$\bigcup \\$ 20 (Minimum)	\$30	□ \$50	☐ Other \$		
Date:						
Name	:(Please Print)					
Addro	ess:					
City:				State:	Zip:	
Telep	hone:					
Signa	ture:					

Thank you,
We are grateful for your support!

