

SONS OF ITALY-WESTERN FOUNDATION

5051 Mission Street
San Francisco, California 94112



MEDICAL CHARITIES DONATION

2020 CONTRIBUTION FORM

PLEASE SPECIFY THE DESIRED CHARITY AND AMOUNT:

1) COOLEY'S ANEMIA (503.04)	_____	5) N.A.M.I. FUND (503.29)	_____
2) T S F (503.05)	_____	6) AMERICAN CANCER RSCH(503.20)	_____
3) ALZHEIMERS (503.02)	_____	7) AMERICAN HEART RSCH(503.21)	_____
4) AUTISM RESEARCH (503.23)	_____	8) U.C DAVIS ALZHEIMERS	_____

Donation Amount:

Please make individual check for each selected charity payable to :
SONS OF ITALY WESTERN FOUNDATION

(NOTE: Payment must be received by August 31, 2020 for award announcement to be published.)

FOR LODGE DONATION ONLY:

Lodge Name		Lodge Number		
Address	City	State	Zip Code	

FOR INDIVIDUAL DONATION ONLY:

Name		Member Number		
Address	City	State	Zip Code	

AWARD INFORMATION: (OPTIONAL) Memory of ____: or Honor of ____:

DEDICATION NAME (S)	
Signature	Date

(For Accounting Use Only)

Donation # _____ Receipt # _____ Date Paid _____ Check # _____ Cash _____