



In Memory/Honor Donation Form

Date: _____

Donor Name _____
(please print as you would like to be recognized)

Address _____

City/State/Zip _____

Phone _____ Email: _____

YES, I want to make a commitment to provide financial support to the Sioux Falls Area CASA Program with my contribution.

Please accept my donation in the amount of \$ _____
(amount of donation will not be disclosed unless donor advises otherwise)

In Honor of: _____

In Memory of: _____

Please send gift acknowledgement to:

Payment Type:

Check Enclosed (Make payable to Sioux Falls Area CASA) Visa MasterCard

Account # _____

Exp. Date _____ Verification # _____
(last three digits on the back of card)

Cardholder Signature: _____

Please return this form to:
Sioux Falls Area CASA Program, PO Box 1901, Sioux Falls, SD 57101-1901
All contributions are tax deductible as allowed by law.

THANK YOU for your generosity!