



YOUR INFORMATION (PLEASE PRINT)

Name(s) _____

Address _____

City, State, Zip _____ Country _____

Phone _____ Email _____

DEDICATE YOUR DONATION

In Memory of | In Honor of (CIRCLE ONE)

Name(s) _____

Relationship to SLOs Individual: _____

Who would you like us to notify of this dedication?

Name(s) _____

Address _____

City, State, Zip _____ Country _____

Phone _____ Email _____

I want to make a one-time gift:

\$25 \$50 \$100 \$150 \$200 \$300 \$400 \$500 \$1,000 \$2,500 \$ _____

I want to make a sustaining gift:

\$5/month \$10/month \$25/month \$ _____/month

I want to make an annual gift:

\$ _____/year

Please charge my credit card: Visa MasterCard Discover American Express

Check enclosed (U.S. Dollars Only, Payable to Smith-Lemli-Opitz Foundation)

Credit Card Number _____

CVV Code _____

Exp. Date _____

Signature _____

Date _____



Giving Hearts Day

I am participating in Giving Hearts Day, February 09, 2023

I've dated my check February 09, 2023

Please charge my credit card on February 09, 2023

Business Donations: If you would like your business logo to be listed on our website, please contact Gretchen Noah at (701) 367-1976 or email to noah@smithlemliopitz.org