



RALPH C. SMEDLEY MEMORIAL FUND[®] CONTRIBUTION FORM

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My Contact Information

I am donating as a: Contributor (Individual) Club Contributor (Toastmasters Club) Corporate Contributor (Company).

Member ID: _____

First Name: _____ Middle Name: _____ Last Name: _____

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City: _____ State: _____ Province: _____ Zip/Postal Code: _____

My Contribution

\$1,000	\$100	
\$500	\$50	
\$250	\$25	Other \$ _____

This is a **one-time** contribution.

This is a **recurring*** contribution. Monthly Quarterly Semi-Annual Annual Starting Date: _____

**I authorize the amount checked above to be charged monthly to my credit card until I notify Toastmasters International to end this agreement.*

Keep anonymous**.

***We agree not to publish your name and contribution on Toastmasters International materials. However, we are required by law to report any cumulative donations \$5,000 or more to the United States Internal Revenue Service.*

Designate My Contribution

In honor of In memory of _____

Comment about your designation: _____

Notify the following of my gift: *Toastmasters International will send a notice of your contribution and/or comment without disclosing the amount.*

First Name: _____ Last Name: _____ Email: _____

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Check MasterCard Visa Discover AMEX

Card Number: _____ Expiration: _____ Security Code: _____

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