

# SONS OF ITALY-WESTERN FOUNDATION

5051 Mission Street  
San Francisco, California 94112



## BIRTH DEFECTS LIBRARIES

### 2020 CONTRIBUTION FORM

PLEASE SPECIFY THE DESIRED LIBRARY AND AMOUNT:

- 1) U. of CA. - DAVIS.....(503.33) \_\_\_\_\_
- 2) LOMA LINDA HOSPITAL ..(503.38) \_\_\_\_\_
- 3) STANFORD UNIV.....(503.32) \_\_\_\_\_

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:**

<i>Lodge Name</i>		<i>Lodge Number</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

#### **FOR INDIVIDUAL DONATION ONLY:**

<i>Name</i>		<i>Member Number</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**AWARD INFORMATION:** (OPTIONAL) *Memory of* \_\_\_\_: *or Honor of* \_\_\_\_:

<i>DEDICATION NAME (S)</i>	
<i>Signature</i>	<i>Date</i>

**(For Accounting Use Only)**

Donation # \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_