SDAD Contribution Form

Please print clearly.

First Name: ______________________ Last Name: _______________________

Address: ____________________________________ Apt # ____________

City: ______________________ State: __________ Zip Code __________ - _____

VP: ___________________________________________________________________

E-mail: __________________________________________________________________

Enclosed is my contribution of:

$10.00___ $25.00___ $50.00 ___ $75.00___ $100.00 ___ Other: ___

The SDAD is classified by the Internal Revenue Service as a 501(c) (3) non-profit organization. Donations are tax-deductible.

Checks and money orders are to make to SDAD and to be mailed to:

SDAD Treasurer
102 N Krohn Pl
Sioux Falls, SD 57103

If any questions please email at SDADTreasurer@gmail.com

Date: __________
Check: # ______$_________
Cash: $___________