

RALPH C. SMEDLEY MEMORIAL FUND® CONTRIBUTION FORM

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MY CONTACT INFORMATION ☐ Club Contributor (Toastmasters Club) I am donating as a: ☐ Contributor (Individual) ☐ Corporate Contributor (Company) Title: Member ID: ___ Dr. Miss Mr. Mrs. Ms. First Name: _____ Middle Name: ____ Last Name: _____ Club/Company Name: _____ Phone: Address: ___ _____ State: ____ Province: ____ Zip/Postal Code: ____ City: ___ MY CONTRIBUTION: □ \$100 □ \$10 □ \$25 □ \$50 □ \$250 □ \$500 □ \$1000 (Other) \square 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. _____ Last Name: _____ Email: ____ First Name: Address: __ MY PAYMENT INFORMATION: ☐ Cash ☐ Check ☐ MasterCard □ Visa □ Discover □ AMEX _____ Expiration: _____ Security Code: ___ Card Number: __

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