

Tribute Fund Donation Form

Please check one:			
☐ In Memoriam			
☐ Congratulations (please specify occasion)			
☐ Get Well			
☐ Other (please specify)			
Honorarium Information (please print)			
Name of Person Honored or in Memoriam			
Person to Receive Acknowledgement (i.e., next of kin	n)		
Address for Askrauladassant			
Address for Acknowledgement			
City	State	Zip Code	
If you would like acknowledgements sent to more than one person, please attach a separate sheet with additional name and address information. Acknowledgements will not include dollar amounts. Donor Information (please print)			
Name of Donor			
Address of Donor			
City	State	Zip Code	
Phone	Phone Email Address		
☐ I would like my donation recognized and my name listed as follows:			
☐ I would prefer to remain anonymous.			
Donation Information			
Enclosed is my tax-deductible gift in the a	ımount of \$		
Please enclose payment in full and make checks payable to the Chicago Calligraphy Collective.			
Contributions will be used to support the mission of the Chicago Calligraphy Collective to promote an understanding and appreciation of calligraphy in all its historical and present day applications.			
Please send completed form and full p	ayment to:		

CCC Treasurer

1280 Harleyford Road Woodridge, IL 60517-7532

www.chicagocalligraphy.org

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