



**YOUR GIFT TO
THE SERTOMA SPEECH AND HEARING CENTER**

NAME(S) _____

COMPANY/CLUB/ORGANIZATION _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

TELEPHONE INCLUDING AREA CODE _____

EMAIL ADDRESS _____

IN HONOR/MEMORY OF _____

\$500 \$250 \$100 \$50 \$25 Other _____

Will your company/organization match this gift?

Yes No Not sure

My gift will be paid:

BY CHECK payable to **Sertoma Speech and Hearing Center.**

CREDIT CARD Visa MasterCard Discover

ACCOUNT NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____

QUESTIONS? CALL 708-599-9500 OR VISIT
WWW.SERTOMACENTER.ORG