



## Donor Form

### A "Grand" Thank You; Memorialize the Suffragists

Amount Invested \$ \_\_\_\_\_

Fundraiser (name) \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How to be listed on the Donor Wall (Minimum \$1000)

\_\_\_\_\_

Recommend Additional Potential Donors

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use additional sheets for additional potential donors and other comments).

Contact me, I want to help in other ways     Make me a member    Group ID (if app.) \_\_\_\_\_

Please make your tax deductible check payable to "TPSMA" and return with this form to:

Turning Point Suffragist Memorial Assoc.

5400 Ox Road, Fairfax Station, Virginia 22039