

Stonewall Jackson (SSBN 634) Memorial Plaque and Memorial Bench Donation Form

Donor's Information

Name: _____

Mailing Address: _____

City, State, Zip: _____, _____, _____

Email Address: _____

Donation Amount and Preference.

Total Donation _____

Vote for preferred memorial:
(Circle One)

No Preference

Memorial Plaque

Memorial Bench

Disposition of your donation if we fail to fund either memorial item.

In the event not enough total funds are received for either item, I wish that my donation be:
(Circle One)

- ☐ 100% returned to me.
- ☐ Percentage to me and remainder in the General Association account.
_____ % to be returned to me.
- ☐ 100% placed in the General Association account.

Your Signature and Date _____

Checks should be made payable to SSBN634 Association and noted for the "Memorial Bench/Plaque Donation"
Mail checks to;

SSBN634 Association
723 Little Creek Drive
Duncanville, TX 75116