

INDIVIDUAL GIVING

Yes, I want to exercise the **Individual Giving** option to guarantee that young women are recognized through the Violet Richardson award and other SISD recognition programs by contributing:

____ \$100 ____ \$75 ____ \$50

____ \$ 25 ____ other \$ _____

Name _____

Address _____

City/State/Zip _____

Phone _____

Enclosed is check payable to SISD Foundation in the amount of \$ _____.

Signature _____

Date _____