

## DONATION FORM

HALL OF FAME FOUNDATION DONATION FORM AND NAME PLATE FOR H LEE BROWN MEMORIAL PLAQUE.

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & STATE & ZIP CODE: \_\_\_\_\_

DAY TIME TELEPHONE CAN BE EASILY REACHED: \_\_\_\_\_

NOTE: EACH NAME PLATE WILL ALLOW 20 CHARACTERS, INCLUDING COUNTING SPACES AND, YOU HAVE A MAXIMUM OF 3 LINES.

PLEASE WRITE DOWN CLEARLY, BY PRINTING, EXACTLY WHAT INFORMATION YOU WANT ON EACH LINE OF YOUR NAME PLATE BELOW:

\*\*\*\*\* PLEASE NOTE: THE FEWER LETTERS/NUMBERS USED. AND THE LESS LINES USED, WILL INCREASE THE SIZE OF CHARACTERS

LINE ONE: \_\_\_\_\_ (20 SPACES MAX)

LINE TWO: \_\_\_\_\_ (20 SPACES MAX)

LINE THREE: \_\_\_\_\_ (20 SPACES MAX)

PLEASE CHECK THE LINE BELOW, FOR THE AMOUNT OF YOUR DONATION, MAKE YOUR CHECK(S) PAYABLE TO HALL OF FAME FOUNDATION OR "HOFF". NO CREDIT CARDS OR CASH CAN BE ACCEPTED

AMOUNT	NUMBER OF PLATES	TOTAL TAX DEDUCTIBLE DONATION
\$1,000.00 DONATION	x _____	= \$ _____
\$500.00 DONATION	x _____	= \$ _____
\$100.00 DONATION	x _____	= \$ _____
\$50.00 DONATION	x _____	= \$ _____

PLEASE ATTACH YOUR CHECK BELOW (NO CREDIT CARDS OR CASH CAN BE ACCEPTED) AND MAIL TO: HOFF, P.O. BOX 4070, NORTH MYRTLE BEACH, S.C. 29597 OR,

**CHECK ATTACHED HERE**