



The purpose and mission of this foundation is to create, establish and help maintain the Fallen Soldier Monument at each hometown high school of a Florida graduate who have lost their lives defending the United States of America in our war against terrorism.

Pledge Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
 ____ now ____ monthly ____ quarterly ____ yearly.

I (we) plan to make this contribution in the form of:
 ____ cash ____ check ____ credit card ____ other.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
 ____ form enclosed ____ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

TIMOTHY JAMES SEAMANS MEMORIAL FOUNDATION, INC.
P.O. BOX 11293
JACKSONVILLE, FL 32239-1293

The Timothy James Seamans Memorial Foundation, Inc., is an official 501 (c) (3) non-profit.