

**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):

Either/Both

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