



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.**