

PASA MEMORIAL GIFT FORM

Name of honoree/deceased _____

Send notification/sympathy card to:

Name _____

Address _____

City _____ State _____ Zip _____

Name of Donor _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Offers a contribution of \$ _____

For Payment, I:

____ Have enclosed a check in the amount of \$ _____. Please make check payable to PASA.

____ Would like PASA to invoice me to above address monthly, quarterly, or in full.

____ Would like PASA to charge my credit card monthly, quarterly or in full.

Circle Card Type: Visa MasterCard Discover American Express

Credit Card Number: _____

Expiration Date: _____

Signature: _____

I would like my donation to be acknowledged as:

_____ in honor/in memory of _____.

PASA is a not for profit organization. Donations are tax deductible. For more information, call 337-237-2787.

Performing Arts Society of Acadiana, PO Box 52979, Lafayette, LA 70505 337.237.2787