## **SDSRT Donation Form**



## Name First Name Middle Name Last Name **Address** Street Address State / Province Postal / Zip Code City **Contact Information** Phone Number Email **SDSRT Scholarship Donation Amount** ☐ Cash ☐ Check Receipt ☐ No ☐ Yes \$50 or more donation free SDSRT t-shirt \_\_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL \_\_\_S \_\_M \_\_L \_\_XL \_\_\_XXL ☐ Black

\*Make checks payable to SDSRT\*

☐ Light grey ■ No thank you

Include donation along with form and mail to:

**SDSRT Treasurer – Susannah Carter** 4117 W 93rd St. Sioux Falls, SD 57108





Contact us at sdsrtradtechs@gmail.com For more information visit: www.sdsrt.org