

# WISCONSIN DAYLILY SOCIETY DONATION & MEMORIAL FORM

DATE: \_\_\_\_\_ NAME \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

Donation: \_\_\_\_\_ Amount: \_\_\_\_\_

Memorial: \_\_\_\_\_ Amount: \_\_\_\_\_

In memory of: \_\_\_\_\_

Please make checks payable to: Wisconsin Daylily Society

Mail this form and payment to:

Rita Stubbe

6241 West County Rd. A

Janesville, WI 53548