



SERC Chapter Donation Form 2025-2026

Date Mailed: _____

Chapter Name: _____

Chapter President Name: _____

Chapter President's Email Address: _____

Treasurer's Name: _____

Treasurer's Address: _____

Treasurer's Email Address: _____

Minimum Donation \$15.00

Donation Amount Enclosed: _____

Make checks payable to SERC and please mail donations
to:

SERC Treasurer
See SERC Executive
Board Roster for info

For Completion by the SERC Treasurer

Date Received: _____ Check # _____

Date Deposited: _____ Date sent confirmation: _____