SERC Chapter Donation
Form 2026-2027

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
Casey Hoffman
See SERC Executive Board Roster for info

For Completion by the SERC Treasurer

Date Received: _____Check #_____

Date Deposited: _____Date sent confirmation: _____