



SETEBAID SERVICES,[®] INC. MEMORIAL GIFT FORM

Questions?
Call us at:
1-866-SETEBAID

You can remember your friends and loved ones with a living memorial through a gift to Setebaid Services[®]. Your contribution will benefit young people with diabetes and their families by providing them with educational and social support programs like camps, and diabetes family weekends. Setebaid Services[®] is a 501(c)(3) nonprofit organization-donations to which are tax deductible to the fullest extent permitted by law.

CHOOSE A CARD

In Memory Of: _____ Amount of Gift: \$ _____ .00

Card Choice: Card 1 Card 2 Card 3 (see reverse side or the website for choices).

(Minimum of \$25 to send a card. If no card is selected, Card 1 will be sent)

Who Should Receive the Card? Name: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Please print the following inside the card: (choose 1)

- May it help in some small way to know that our thoughts are with you. With Deepest Sympathy.
- Extending our Sincerest Sympathy to you and your family at this time of sorrow.
- May it help in some small way to know that my thoughts are with you. With Deepest Sympathy.
- Extending my Sincerest Sympathy to you and your family at this time of sorrow.
- Custom Text (limited to 240 characters, including spaces and punctuation; please print neatly):

Signature for the Card *(your name or the name of person sending the card)*: _____

DONOR (YOUR) INFORMATION

Name: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: ____ Zip: _____

Email Address *(receipts may be sent via email)*: _____

I will be paying by: Check: Ck# _____ Visa MasterCard Discover

Card # _____ - _____ - _____ Exp. Date: ____ / ____ / ____ Security # _____

Please charge my credit card the amount listed above. I certify that I am over 18 years-of-age, I am the cardholder of the card listed above, and I authorize Setebaid Services,[®] Inc. to charge the amount listed above. Further, I understand that all sales are final and that this is a non-refundable charge.

Signature: X _____ Date: ____ / ____ / 20____

Thank You!

The official registration and financial information of Setebaid Services,[®] Inc. may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

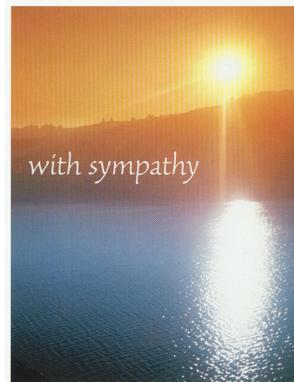
PLEASE RETURN THIS FORM TO SETEBAlD SERVICES,[®] INC., P.O. BOX 196, WINFIELD, PA 17889-0196

CARD COVER CHOICES

CARD #1



CARD #2



CARD #3

