

# ASHRAE RP: Memorial/Honorarium Gift

**Select One:**  Memorial  Honorarium

**Benefiting:**  Research  YEA  RP Unrestricted  Scholarships  Endowed gift

Endowed fund or Scholarship name, if selected: \_\_\_\_\_

*If no fund is selected, the gift will default to Research*

## **DONOR**

Organization  Individual

Name: \_\_\_\_\_ Contributor Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## **HONOREE**

Name: \_\_\_\_\_

Chapter to Credit: \_\_\_\_\_

## **SEND MEMORIAL/HONORARIUM ACKNOWLEDGEMENT**

Yes  No

Name: \_\_\_\_\_ Relation to Honoree: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Amount of Gift:** \_\_\_\_\_

Check enclosed

Please charge my credit card:

Name on the card: \_\_\_\_\_

American Express  MasterCard  Visa

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

\*Credit card contributions may be faxed to (678) 539-2147

**Please send your gift to:**

ASHRAE RP  
1791 Tullie Circle NE  
Atlanta, GA 30329