



Contribution Form

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Please choose which fund you want to support.

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I am interested in supporting SIRF through estate planning. Please contact me at

Name: \_\_\_\_\_  
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Please choose one of the three methods to make your contribution.

Enclosed is my check made payable to the Seafood Industry Research Fund for \$\_\_\_\_\_.

1. Please bill me.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Donation Amount: \_\_\_\_\_

2. Please charge my donation to my credit card as follows:

Type of credit: Visa / MasterCard / American Express (please circle one)

Name on the card: \_\_\_\_\_  
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Donation Amount: \_\_\_\_\_

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Please return this form to:  
Seafood Industry Research Fund  
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