



JOSEPHINE MARTIN FUND
To support the Josephine Martin National Policy Fellow
at SNA's Legislative Action Conference (LAC)

Name of Association/Chapter: _____

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Contact Name: _____

Telephone: _____ E-mail: _____

- Yes, we will contribute to the Josephine Martin Fund to support the Josephine Martin National Policy Fellow at SNA's Legislative Action Conference (LAC).
 - We plan to have an event to raise funds for the Josephine Martin Fund.
Date of event: _____ Type of event: _____
 - We plan to collect and/or raise dollars at an upcoming chapter meeting.
Date of meeting: _____
 - We wish to make a contribution to be paid over the next five years.
2014 \$_____ 2015 \$_____ 2016 \$_____ 2017 \$_____ 2018 \$_____

Payment Type: Check (Enclosed) \$ _____

Credit Card: Visa, MasterCard, AMEX (circle one) Amount \$ _____

Card Number: _____ Exp. Date: _____

Name as it appears on card: _____

Please make your check payable to the **School Nutrition Foundation** and indicate on the check that the contribution is for the **Josephine Martin Fund** and mail with this form to:

School Nutrition Foundation
120 Waterfront Street, Suite 300, National Harbor, MD 20745

The School Nutrition Foundation is a 501(c)(3) charitable organization.