



# MEMORIAL OPPORTUNITIES FORM

Remember family and friends in the roller skating industry with a donation to the Roller Skating Foundation; a plaque in their memory; or a commemorative sheet in the RSA Memorial Album. These are meaningful ways to celebrate someone important to you, as well as celebrate their accomplishments while supporting the Roller Skating Association.

## MEMORIAL TYPE (CHOOSE ONE)

### \_\_\_\_\_ **RSA Member Memorial Plaque Plate & Memorial Book Listing: \$100**

This option is available to RSA Members and includes both a memorial plaque plate and a page in the memorial book. *(Information for book will need to be supplied separately and assembled by donor. This can include a photo and one page of written information. Any material submitted will be reviewed by the Honors Committee for appropriateness prior to inclusion to the book.)*

Name of individual memorialized: \_\_\_\_\_

Name and information for plaque plate: *(Three to five lines. 30 characters or spaces per line.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### \_\_\_\_\_ **Friends and Family Memorial Plaque Plate: \$100**

This option is available to non-RSA members to memorialize friends or family of the roller skating industry.

Name of individual memorialized: \_\_\_\_\_

Name and information for plaque plate: *(Three to five lines. 30 characters or spaces per line.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### \_\_\_\_\_ **Donation to the Roller Skating Foundation: \$ \_\_\_\_\_**

The RSA will send an acknowledgement of the gift to the family memorialized. Please let us know where you would like this sent and the name/names to be used, as well as your information.

Send to (name of family): \_\_\_\_\_

In memory of: \_\_\_\_\_

Address: \_\_\_\_\_

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

Individual making donation: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT INFORMATION

\_\_\_\_\_ Credit Card                      \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address on Card: \_\_\_\_\_

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

**Thank you for your donation. Please remit to: Roller Skating Association, 6905 Corporate Drive, Indianapolis, IN 46278. Phone: 317-347-2626. Email: [honors@rollerskating.com](mailto:honors@rollerskating.com)**