

ISDAA ALUMNI MEMORIAL PLAQUE

Please print clearly.

I DONATE \$_____ TO THE PLAQUE FUND IN MEMORY OF:

Please print name of the person being memorialized:

Class Year/Ex-Class Year: _____

Date of Death: _____

YOUR NAME: _____

Year you graduated/left from ISD: _____

Address: _____

City, State, Zip: _____

VP: _____

Donation of \$25 or more per person in memory is requested.

Thank you for honoring the memory of our fellow ISDAA alumni.

Make a check or money order payable to:

ISDAA Memorial Plaque
Attn: Kathy Kanturek
P.O. Box 233
Jacksonville, IL 62651



Update: 4/2025