

Honor and Memorial Gifts Form

Please provide the following information in full:

I would like to donate the following amount: \$

Circle your Preferred Title: Ms. Mrs. Mr. Dr. None

Name: _____

Mailing Address: _____

City: _____

State/Providence: _____ Zip/Postal Code: _____

E-mail Address: _____

Daytime Phone: _____

Home Phone: _____

Please provide us with the Gift Card Information:

Circle one: In Memory of In Honor of

Circle the Preferred Title: Ms. Mrs. Mr. Dr. None

Name: _____

I would like a card without the gift amount mailed to:

Circle the Preferred Title: Ms. Mrs. Mr. Dr. None

Name: _____

Mailing Address: _____

City: _____

State/Providence: _____ Zip/Postal Code: _____

How would you like the card to be signed?

(Please limit this to around 40 characters due to limited space on the card)
