

Memorial and Tribute Gift Designation Form

Please print this form, complete the information below, and mail it with your contribution.

1. Donor Information

Donor Full Name:

Mailing Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Gift Information

Gift Amount (\$):

Designate Gift To (e.g., Greatest Need, Specific Fund/Department):

3. Tribute Information

Tribute Type (Type "In Memory of" or "In Honor of"):

Name of Honored Individual:

4. Notification of Gift

Please send a notification of this gift (without disclosing the amount) to:

Recipient Name:

Recipient Address:

City, State, Zip Code:

Relationship to Honoree:

5. Payment Information

Payment Method (Type "Check" or "Credit Card"):

For Check payments, please make checks payable to the organization and mail alongside this form.

For Credit Card payments, please provide details below:

Cardholder Name:

Card Number:

Expiration Date (MM/YY):

Security Code (CVV):