

Family Foundation Memorial Giving Form

Please fill out this form on your device and print it, or print the blank form to complete by hand. Mail your completed form along with your contribution to the address at the bottom of the page.

1. Donor Information

Full Name:

Mailing Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Tribute Designation

This gift is made in memory of (Deceased Name):

This gift is made in honor of (Living Honoree Name):

3. Acknowledgment Card Mailing Address

If you would like us to send a card notifying the family or honoree of your gift (the amount will not be disclosed), please provide their information below:

Send acknowledgment card to (Name):

Relationship to the Honoree:

Mailing Address:

City, State, Zip Code:

4. Gift Information

Gift Amount (\$):

Payment Method (e.g., Check, Visa, Mastercard, AMEX):

Cardholder Name (if paying by card):

Card Number:

Expiration Date (MM/YY):

Security Code (CVV):

5. Mailing Instructions

Please print this document and mail it with your check (payable to Family Foundation) or card details to:

Family Foundation Memorial Giving Department
100 Benevolence Way, Suite 400
Philanthropy City, NY 10001