Please use this form to accompany your mailed donation.

Date:		Donation Amou	nt: \$	☐ Se	nd receipt to donor
Donor N	lame:				
Donor A	Address:				
		Send acknowledgement	card to:		
Make m	y donation in the na	me of:			
Address	:				
Donatio	n selection:				
	☐ In memory o	of	☐ To ackno	owledge/recognize	
	☐ In lieu of flo	wers	☐ Graduat	ion recognition	
	☐ Birthday rec	ognition	☐ Anniver:	sary recognition	