



Annual Fund and Memorial Gifts

DONATION FORM

Name of Donor: _____
(Please print name of donor as it is to appear on recognition documents)

_____ Individual/ Family Gift
_____ Organization/ Corporate Gift
(If corporate gift, please provide contact name: _____)

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Amount of Donation: _____

_____ My gift is to remain anonymous

_____ My gift is in honor of (living person or event)

Name: _____

Event: _____

(Anniversary, Birthday, etc.)

_____ My gift is in memory of (deceased)

Name: _____

Acknowledgement should be sent to:

Name: _____

Address: _____