



Honor/Memory Donation Form

Name of donor _____

(this will appear on the acknowledgement card)

Address _____

City _____ State _____ Zip code _____

Daytime phone _____ Email address _____

(in case of questions)

____ This donation is in memory of a special person, pet, or occasion (they are deceased) Circle one

____ This donation is in honor of a special person, pet, or occasion (they are alive) Circle one

Person / pets name _____

If you would like us to send an acknowledgement card, please provide the name and address of family or next of kin to receive card (No donation amount will be disclosed).

Please tell us something about the special event or occasion (or reason for this gift)

Method of payment

____ Check (payable to MCHS) ____ Visa ____ MasterCard ____ Discover ____ AmEx

Due to rising postal and administrative costs in handling honor/memory gifts, we appreciate a minimum gift of \$25.00

Donation amount: \$ _____ Gift date: _____ Check # _____

Credit card #: _____ Expiration date: _____

Signature for credit card: _____

Name on credit card (please print): _____