Memorial Donation Form

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|  | Murray Calloway County Senior Citizens, Inc. Our mission is to encourage and support senior citizens in leading independent, fulfilling lives in their own homes and to provide an atmosphere that is conducive to their mental, physical, and emotional well-being. |

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City, ST, Zip Code: |  |
| Telephone Number: |  |
| Email Address: |  |

### In Memory of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I (we) donate:

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) make this donation in the form of: cash check Pay Pal other.

Gift will be matched by (company/family/foundation)

form enclosedform will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

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| Please make checks, corporate matches,  or other gifts payable to:  **Murray Calloway County Senior Citizens Center** |  | Murray Calloway County Senior Citizens, Inc.607 Poplar StreetMurray, Kentucky 42071 |