

## MEMORIAL GIFT

Name of Donor: \_\_\_\_\_

Address of Donor:

\_\_\_\_\_

(please check one)

\_\_\_\_\_ \$15    \_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$100    \_\_\_\_\_ \$ \_\_\_\_\_

Please put my memorial contribution in the following account:

\_\_\_\_\_ Irrevocable Trust

\_\_\_\_\_ Ed Hixon Scholarship

\_\_\_\_\_ Other (please specify):

\_\_\_\_\_

This contribution is in (check one) \_\_\_\_\_ honor    \_\_\_\_\_ memory    \_\_\_\_\_ celebration of:

Name: \_\_\_\_\_

Please send an acknowledgement to:

Name of Donor: \_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_