



# Memorial, Honor & Gift Donation



## Your Contact Information

Name:	Phone:
Address:	Alternate Phone:
City	Email:
State	ZIP

## Donation Amount & Recipient Information

Donation Amount \$ \_\_\_\_\_

- In Memory Of
- In Honor Of
- A Gift For

Would you like us to notify the person for whom the donation is being made? \_\_\_ Yes \_\_\_ No

**Recipient's Contact Information:** Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Payment Options

- Check Enclosed (Make check payable to GRRAND)
- Credit Card – Type of Card \_\_\_\_\_ (MC, VISA, AMX, etc.)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

## Mailing Information

Once you have printed and completed this form, include your check or credit card information and mail to:

**GRRAND**  
**P.O. Box 6132**  
**Louisville, KY 40206**

Thank you for your donation.