California ReLeaf californiareleaf.org 2115 J Street, Suite 213 Sacramento, CA 95816



## **Memorial and Honorary Donation Form**

I would like to	make this donatior	in 🗖 honor o	r 🗆 memory of
i would like to	make this donation		

Name				
This donation is in celebratio		iversary 🖵 t	hank you 🖵 de	ceased person's lif
□ other				
I am donating:\$250	\$100	\$50	\$25	Other
Donor's info: Gift is from?				
FIRST NAME				
LAST NAME				
ADDRESS				
CITY	_STATE	ZIP/PO	ST CODE	
PHONE	EMAIL	ADDRESS		
Notification Info: To whom s	hould we send this	s card?		
Name				
Street Address	City		State	Zip
What information should we Please include my name in Please keep my name and May we disclose the amount	n the notification. nymous in the not		🗖 No	
Payment Information				
Personal check enclosed	Charge my: 🛛 M	asterCard 🗆	VISA 🗖 AME	X 🗖 DISCOVER
CREDIT CARD NO		EX	PIRES	CSC
SIGNATURE:				
You can <b>mail</b> (see address at	ove) or <b>email to c</b>	olain@califo	rniareleaf.org.	All donations are

If you have any questions please call 916.497.0034.