

**2010-11 STATE CHARITABLE CONTRIBUTIONS PROGRAM
Memorial Contribution Acknowledgement Request**

If you want to make your contribution in memory of a family member or a friend, please complete this request and give it to your coordinator along with your completed pledge form.

I am making this contribution in memory of:

Mr.
Mrs.
Ms.

(Name of Friend or Family Member Contribution Given in Memory Of)

Please send acknowledgement to:

Mr.
Mrs.
Ms.

Address _____ City _____ State _____ ZIP _____

Amount of My Contribution \$ _____

Charitable Organization Designated to Receive My Contribution:

(6-digit code for the charitable organization)

My name and address:

Mr.
Mrs.
Ms.

Address _____ City _____ State _____ ZIP _____

I am employed by _____
(name of department, college, university or community service board)