



Memorial and Honor Gifts Form

318-368-9751

Fax: 318-368-8270

Email: comments@uniongen.org

P.O. Box 398

Administration

Farmerville, LA 71241

I would like to donate the following amount \$ _____

Donating by Check

Please mail your check to the address above.

If donating by Credit Card, please provide us with the following information:

Circle your type of Credit Card:

VISA Master Card American Express Discover

Credit Card Number _____ Exp. Date: _____

Name on the Card: _____

Please provide the following information in full:

Circle Your Preferred Title: Ms Mrs Mr Dr None other _____

First Name: _____ Last Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Country _____ Email _____ I do not want to receive email updates

Daytime Phone: _____ Evening Phone _____

Please provide us with the Gift Card Information

Circle One: **In Memory of** **In Honor of**

Title: _____ First Name _____ Last Name _____

I would like a card without the gift amount mailed to:

Title _____ First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

How would you like the card to be signed?

(Please limit this to around 40 character due to limited space on the card)

I would like a second card without the gift amount mailed to:

Title _____ First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

How would you like the 2nd card to be signed?

(Please limit this to around 40 characters due to limited space on the card)
