



Mail this form to: NCRTL, P. O. Box 9282, Greensboro, NC 27429-0282

Memorials/Honorariums

- My Gift Amount: \$ _____
 - Name: _____
 - Address: _____
 - City: _____ State: _____ Zip: _____
- Telephone () _____ Email: _____

| | |
|--------------------------------|--------------------------------------|
| PAYMENT TYPE: | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| Tax Deductible Donation: | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| |
|--|
| Credit Card # |
| _____ |
| _____ |
| Expiration: ___/___ Security Code: _____ |

NCRTL will mail a Memorial or Honorarium card to acknowledge your gift.

If this is a memorial , PRINT CLEARLY your loved-one's name _____

If this is an honorarium, PRINT LCEARLY your loved-one's name and the occasion:

NAME OCCASION

Please PRINT CLEARLY to whom and where the acknowledgement card should be mailed:

Full Name: _____

Street Address: _____

City, State, Zip: _____