



FOR YOUTH DEVELOPMENT™  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY



### Honors and Memorials

_____			_____	
Title	Name		Address	
_____			_____	
City		State	Zip	Address
_____			_____	
Phone			email	

I would like to give anonymously **Y / N** If yes, your name will not be listed in any Project Cornerstone publications

**Gift Type:** ( ) In Memory of ( ) In Honor of

**Honoree Full Name:** \_\_\_\_\_

What is the special occasion? \_\_\_\_\_

**Select a Gift Amount:**

( ) \$25 ( ) \$50 ( ) \$100 ( ) \$250 ( ) \$500 ( ) Other \_\_\_\_\_

**Optional Gift Notification**

Notification Recipient Name: \_\_\_\_\_

Message Body: \_\_\_\_\_

Message Closing: \_\_\_\_\_

Message Signature: \_\_\_\_\_

**Notification address:**

_____			_____	
Title	Name		Address	
_____			_____	
City		State	Zip	

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