



# CLAYTON HISTORY SOCIETY

## MEMORIAL / TRIBUTE DONATION FORM

Please select type of giving gift:

- In Memoriam
- Congratulations *(please specify occasion)* \_\_\_\_\_
- In Appreciation *(please specify occasion)* \_\_\_\_\_
- Charitable Bequest

Donation Amount: \$ \_\_\_\_\_

**HONORARIUM INFORMATION:** (please print)

Name of Person Honored or In Memoriam: \_\_\_\_\_

Person to Receive Acknowledgement (i.e. recipient or next of kin): \_\_\_\_\_

Address for Acknowledgement: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* *Please Note:*

*If you would like acknowledgements sent to more than person, please attach additional names and addresses.*

*An acknowledgement will be mailed to the designee of your choice, to let them know that you've made a gift in their honor or their loved one's memory. (The amount of your gift will not be disclosed.)*

**DONOR INFORMATION:** (please print)

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name (optional): \_\_\_\_\_

Address Type (**circle one**): Home or Business Full Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Make check payable to **CLAYTON HISTORY SOCIETY**. Thank you for your support!

Please mail or drop off your check with this completed form to:

Clayton History Society  
c/o Sarah Umlauf  
Center of Clayton  
50 Gay Avenue  
Clayton, MO 63105