



Thank you for your support! Please Print clearly and fill out completely

Donor Information

Name _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

If your gift is in memory or honor of someone, please fill out tribute section.

Tribute Gifts

My gift is: In Memory

In Honor _____
Signify event - Birthday, Anniversary, etc.

I have already sent a card

Please send a card to:

Name _____

Address _____

City/State/Zip _____

Method of Payment

Please choose one:

Enclosed is my check for \$ _____

Please charge my credit card for \$ _____ (min. amount for charge \$25)

VISA MASTERCARD AMERICAN EXPRESS

Account Number _____

Name on Card _____

Expiration Date _____ Security Code _____

Signature _____

I pledge the amount of \$ _____ Please bill me: Monthly Quarterly

Mail with check or charge card info:

Joel L. Gauthier
420 Trenton Court
Zionsville, IN 46077-1044

THANK YOU!