**First United Methodist**

**Memorials and Honorariums Donation Form**

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| --- | --- | --- | --- | --- | --- | --- |
| Donors Name(s): |  | | | | | |
|  | (if married and both are giving please list both names) | | | | | |
| Donors Address: |  | | | | | |
|  | (only need if address is different from check or if E-giving) | | | | | |
| Contact person & phone #: | |  | | | | |
|  | | (will be contacted if we have any questions concerning your gift) | | | | |
| Okay to publish in newsletter: | | |  | Yes |  | No |

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| **In Memory or Honor of:** | | | |  |
| Amount given: | | |  | |
| Fund given to: | | |  | |
|  | | (ex: Respite, ICN, We Care, Children’s Ministries, Youth Ministries, Altar or Flower Guild, etc.) | | |
| **Send Acknowledgement to:** | | | | |
| Name: |  | | | |
| Address: |  | | | |
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