

MEMORIAL DONATION FORM

I would like my donation to be made in the honor of:

Name of individual(s)

Please indicate by checking the appropriate area: _____ Living _____ Deceased

.....

Please fill out the following information:

NAME OF DONOR: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

Please make out a check payable to: **The Christ Child Society, Inc. Milwaukee Chapter**

Mail the enclosed check with this form to the following address:

**The Christ Child Society
Merrick Center at Our Lady of Good Hope
4033 W. Good Hope Rd.
Milwaukee, WI 53209-2268**

All donations to Christ Child Society will be listed in our newsletter unless otherwise indicated.

THANKYOU