



MEMORIAL AND HONORARY GIFTS FOR LOVED ONES

MY GIFT IS GIVEN:

In Memory of In Honor of Anonymously

Honoree's Name: _____

Light Love Compassion Foundation will send a letter of acknowledgment for your gift on behalf of the person indicated below:

First Name _____ Last Name _____

Street Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Email Address: _____ Telephone (optional) _____

PAYMENT:

Gift Amount: \$25 \$50 \$100 \$250 \$500 \$1000 Other _____

Payee Information:

First Name _____ Last Name _____

Street Address _____ City _____

State/Province _____ Zip/Postal Code _____ Country _____

Email Address: _____ Telephone (optional) _____

Please make checks out to: Love Light Compassion Foundation, Inc.

Please print and mail the completed form along with your check to:
Love Light Compassion Foundation, Inc.
P.O. Box 1076
Shelburne, Vermont 05482