

MEMORIAL AND HONOR GIFTS FORM

MOKOMA CONSERVANCY

P.O. BOX 220

LAPORTE, PA. 18626

I would like to donate the following amount \$_____

Please mail your check to the above address with the completed form.

Please provide donor information in full:

First name : _____ Last name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email (optional): _____

Phone number: _____

Please provide gift card Information:

Circle one: **In Memory of** **In Honor of**

Title: ____ First name _____ Last name _____

I would like an acknowledgement card without the gift amount mailed to:

Title: _____ First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip code: _____

How would you like the card to be signed? _____

*** All gifts are tax deductible