

MEMORIAL GIFT

I would like to make a gift in memory of:

Name of person(s)

My gift is designated to the following fund at the Putnam County Community Foundation:

Name of Fund

Gift is From: (Please Print Legibly)

Name _____

Address _____

City _____

State, Zip _____

Telephone Number _____

I WISH TO BE ANONYMOUS

Acknowledgement Information: Notification of your gift, will be sent to the person(s) indicated below. Complete only if different than sponsor information. (Please Print Legibly)

Name _____

Address _____

City _____

State, Zip _____

Telephone Number _____

Please return form with check payable to:

Putnam County Community Foundation
2 South Jackson Street
Greencastle, IN 46135 ♦ 765.653.4978



**A minimum \$25.00 donation is required
for publication in local newspaper.**