



Honorarium and Memorial Donation Form

The gift in the amount of \$ _____ is from:

(Donor Information)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

(Please check the appropriate box and enter the name)

in Memory of _____

in Honor of _____

Kindly send an acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please mail your check or money order for your tax deductible donation to:

Five Points of Hope

P.O. Box 583

Milford, MI 48381

Your kind donation will be donated to the Five Points of Hope Cancer Care Fund and an acknowledgement of your generous gift sent to the above mentioned individual or family.