



## Memorials and Tributes Form

*Gifts given "in memory of" or "in honor of" (choose one) another individual*

Please accept this contribution in memory/in honor of (please circle one):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Please send the acknowledgement of this gift to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Donor information for gift acknowledgment:

Member ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Please charge my credit card in the amount of \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Special instructions:

(i.e. Preferred forms of address, Membership benefits, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the form and fax to (716) 845-7078**

**Or mail to: WNED|WBFO Membership, PO Box 1263, Buffalo, NY 14240-1263**

**WNED|WBFO Membership, PO Box 399, Fort Erie, Ontario L2A 5N1**