



Gift in Honor or Memory of a Loved One

Please print or type all information except for your signature. NOTE: The fields in this PDF allow online data entry. We invite you to complete the form before printing and save to your computer.

Donation Amount* \$ _____ Select One* In Honor of ____ In Memory of ____

Name of the person whom you wish to give this gift in honor/memory of as you wish it to display*:

I am contributing by **Check** ____ **Credit Card:** Visa ____ MasterCard ____ Discover ____

Credit Card Number _____ **Exp. Date** _____

Ex: 12/12

Contributor Information Required fields indicated with *

Name* _____

As it appears on your credit card or check

Address* _____

Enter address associated with credit card if paying by credit card

City* _____ State* _____ Zip Code* _____

Company _____ Email Address* _____

If you are retired, or do not work

outside the home, please state that here.

Phone* _____

____ Check here if you'd rather not have your gift listed on our website.

Who should we inform about this gift?

Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone _____

You must sign below:

By signing below, I affirm that I am making this contribution in accord with the legal requirements outlined above.

Contributor's Signature _____ **Date** _____

All checks can be made payable to: **Columbia Green**

Mail your contribution and this form to:

Columbia Green

PO Box 50191

Columbia, SC 29250