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I would like to donate \$ _____ in honor/memory
of _____
(Please Circle One)

If appropriate, please note the occasion. (i.e., Easter, Birthday,
Anniversary, etc.) _____

Donor Information

Your Name: _____
Address: _____
City: _____ State: _____
Phone: _____ Cell: _____
E-mail: _____

Honoree Information

Recipient's Name: _____
Address: _____
City: _____ State: _____
Phone: _____ Cell: _____
E-mail: _____

- Cash Enclosed Please bill me
 Check Enclosed

McKemie Place is a 501(c)(3) non-profit organization. Your donation is tax deductible.