**Hope Lutheran Church
Memorial-Honorary Donation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Amount of your Gift:** | $ | **Frequency of Gift:** | [ ] One-Time[ ] Monthly |

|  |  |
| --- | --- |
| **Name of Honoree** |  |

**Your Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Phone |  |
|  |  |

**Please complete this section if you wish for Hope to send a card to a family member or loved one of the Honoree notifying the loved one of your gift:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| Include this message in the card: | [ ] In Loving Memory[ ] With Deepest Sympathies[ ] With Heartfelt Condolences[ ] You and Your Family are in Our Thoughts & Prayers[ ] No Message[ ] Other (please write special message below) |
|  |  |

Thank you for making a memorial donation to Hope Lutheran Church in memory or honor of your loved one! Make checks payable to Hope Lutheran Church and mail check with this form to 4695 Blue Rock Road / Cincinnati, OH 45247