

# 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:	<input type="checkbox"/> In Loving Memory <input type="checkbox"/> With Deepest Sympathies <input type="checkbox"/> With Heartfelt Condolences <input type="checkbox"/> You and Your Family are in Our Thoughts & Prayers <input type="checkbox"/> No Message <input type="checkbox"/> 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