

# MEMORIAL CONTRIBUTION



In memory of \_\_\_\_\_

*A letter will be sent to this individual notifying them of a donation*

Condolences to: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

*A thank you letter will be sent to this individual for their donation*

Given by: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Please return this form along with your contribution to:

Great Start Collaborative  
ATTN: DPIL  
PO Box 367  
Stanton, MI 48888