

# In Memorium



Gift made in memory or honor of:

\_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_

Street: \_\_\_\_\_

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

Relationship of the above person to the remembered person:

\_\_\_\_\_

Forever in our hearts

Donor Information (Print neatly)

Name

\_\_\_\_\_

Billing address

\_\_\_\_\_

City, St, Zip Code

\_\_\_\_\_

Phone 1 | Phone 2

\_\_\_\_\_

Fax | Email

\_\_\_\_\_

## Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  now  monthly  quarterly  yearly.

I (we) plan to make this contribution in the form of:  cash  check  credit card  other.

Credit card type | Exp. date

\_\_\_\_\_

Credit card number

\_\_\_\_\_

Authorized signature

\_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed  form will be forwarded

## Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

\_\_\_\_\_

I (we) wish to have our gift remain anonymous.  I (we) wish to learn more about legacy giving.

Signature(s)

Date

Please make checks, corporate matches,  
or other gifts payable to:

**Turner Syndrome Foundation**

MAIL- PO Box 726, Holmdel, NJ 07733  
OFFICE -800-594-4585 | FAX -800-594-3862  
EMAIL- philanthropy@tsfusa.org