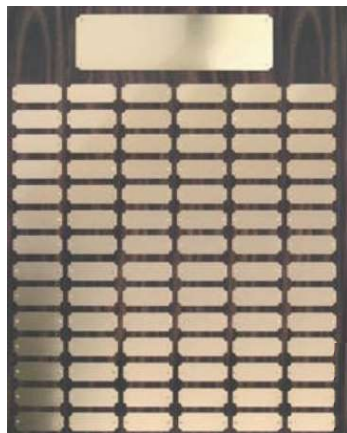
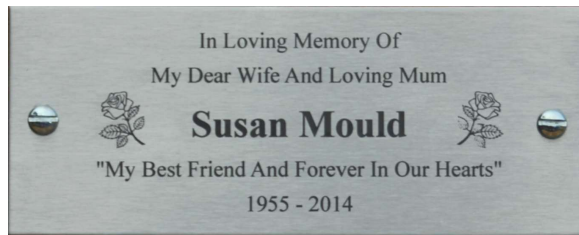


Memorial Donation Form



\$25

OR



\$50

(Sample Only)

Donor Information (please print or type)

Name _____

Address _____

City, ST, Zip Code _____

Phone No. _____

Donation Information

I (we) pledge a total of \$_____ to be paid:

I (we) would like the memorial wall name plate to be displayed as:

Sample: _____ Joe L. Smith __ Bro. Joe L. Smith _____ Joe Smith _____ Rev. Joe Smith

_____ Deacon Joe Smith *(please check one)*

I (we) would like the pew name plate to be displayed as ***(Limited 3 lines)***:

1. _____ 2. _____ 3. _____

1 (In Memory of or in honor of) 2. (Name) 3. Year born and Year of death or served since (year)

Acknowledgement Information

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

I (we) wish to have our gift remain anonymous.

Please make checks or other gifts payable to:
Or Cashapp info: \$LittleZionBC3260

Little Zion Missionary Baptist Church
3260 Cates Avenue NE
Brookhaven, GA 30319