



MILL NECK
Memorial Donation Form

PLEASE PRINT CLEARLY

ENCLOSED IS MY MEMORIAL GIFT OF \$ _____ (Suggested \$10 minimum per memorial)

“IN LOVING MEMORY” OF _____

SEND MEMORIAL CARD TO:

Nearest Living Relative's Name _____

Address _____

City _____

State _____

Zipcode _____

MEMORIAL GIVEN BY:

Your Name _____

Address _____

City _____

State _____

Zipcode _____

PAYMENT METHOD:

Check (payable to Mill Neck Manor) Visa MC Amex Discover

Credit Card No. _____

Exp. Date _____ Billing Zip _____

Signature _____ Phone _____

Email _____

PLEASE SEND ME:

Additional Memorial Cards More Information about Naming Opportunities

More Information about naming Mill Neck Manor in my will Memorial Garden Brick order form

Mill Neck Foundation Toll-free Number: 1-800-264-0662