



MEMORIAL GIFT FORM

YES, we want to help those in need in our community through the Society of St. Vincent de Paul charity programs.

This memorial gift is in honor of: _____

NAME (FIRST, LAST)

GIFT AMOUNT:

\$100

\$50

\$25

\$10

\$5

Other: \$ _____

*Please make checks payable to **Society of St. Vincent de Paul**.*

PLEASE MAIL COMPLETED FORM AND CHECK TO:

Society of St. Vincent de Paul
3001 E. 30th Street
Indianapolis, IN 46218
Phone 317-849-5446

PLEASE SEND CARD TO:

NAME (FIRST, LAST)

ADDRESS

CITY

STATE

ZIP CODE

GIFT FROM:

NAME (FIRST, LAST)

ADDRESS

CITY

STATE

ZIP CODE

PHONE

PLEASE RETURN THIS FORM WITH YOUR MEMORIAL GIFT