

HOPE & REMEMBRANCE

Friends of **NCR**

TRIBUTE GIFT FORM

Donor Information

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Email address _____

☐ *Do not publish my name with this tribute*

Honoree information

Please check one:

☐ In memory of ☐ In honor of

Name of person you're honoring: _____

Would you like us to notify your honoree? ☐ Yes ☐ No

(If yes, please provide a mailing address or an email address for your honoree).

Honoree Address _____

City _____ State _____ Zip _____ Country _____

Email address _____

Your message to honoree (to be included in notification): _____

Payment information

Gift amount ☐ \$50.00 ☐ \$100.00 ☐ \$250.00 ☐ \$500.00 ☐ Other amount _____

☐ Check enclosed payable to **NCR**

☐ Please charge my credit card (Visa, Mastercard, Discover)

Card No. - - -

Expiration
Mo Yr

CVV

Signature _____ Date _____

National Catholic Reporter, 115 E Armour Blvd, Kansas City, MO 64111

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