

## MEMORIAL CONTRIBUTION ATTACHMENT

If you would like your contribution to the State Combined Campaign to be made as a gift in memory or honor of a loved one, please complete this form and attach to your pledge card. This information will be relayed to the appropriate agency following the closure of the current campaign cycle for their information and acknowledgement.

Please note: The "I DO" want my name released box must be checked.  
*One form is to be completed for every agency to which you wish this to be done.*

*(Please print clearly)*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Your department/agency name: \_\_\_\_\_

Charity agency and code: \_\_\_\_\_

(from pledge card)

Amount of Gift: \$ \_\_\_\_\_

Please use my gift \_\_\_\_\_ where needed or \_\_\_\_\_  
(program name)

Please make my SCC contribution in \_\_\_\_\_ Memory or in \_\_\_\_\_ Honor

Name of Person(s) Recognized: \_\_\_\_\_

Who should be notified? \_\_\_\_\_

Address: \_\_\_\_\_

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