



## Memorial Contribution Form

Please provide the name of the person in who you are honoring by making the memorial contribution:

\_\_\_\_\_  
Name of honoree

Please give the Name and address of the person(s) you would like the Foundation to send the Memorial Card to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount of contribution: \$ \_\_\_\_\_ Check # \_\_\_\_\_

**TO PAY ONLINE, USE QR CODE BELOW.**

**OR SEND CHECK TO:**

TX OK Kiwanis Foundation  
P. O. Box 251  
Edmond, OK 73083-0251

Email completed form to [txokkiwanisfoundation@gmail.com](mailto:txokkiwanisfoundation@gmail.com) so that a card can be sent right away.

