



Tribute & Memorial Donation Form

101 West Morris Street, Bath, NY 14810

Donor Contact Information

| | |
|-----------------------|---------------|
| Name | Phone |
| Address | |
| City, State, Zip Code | Email Address |

Donation Information

| |
|--------|
| Amount |
|--------|

Tribute or Memorial Information

| | |
|---|--|
| Please select an option below: <input type="checkbox"/> This donation is in honor of a special person <input type="checkbox"/> This donation is in memory of a special person | |
| Person's Name | Would you like us to spend this donation in a certain way? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: | |
| If you would like us to notify the person's family of your donation, please provide their name(s) and contact information: | |