

Memorial/Special "Honor of" Form

(Please Print Form)

ENCLOSED IS A GIFT OF \$ _____

FROM:

Name _____ Address _____

City _____ State _____ Zip _____

IN MEMORY/HONOR OF:

TO BE APPLIED TO:

Scholarship Endowment

Other _____

IN THE OCCASION OF:

Death

Birthday of Deceased

Anniversary of Death

Birthday

Anniversary

Other _____

Please send form with check to:

Elder High School

3900 Vincent Avenue

Cincinnati, OH 45205

Questions...Contact Amy Iori (513)921-3422 or ioriat@elderhs.net.