

## MEMORIAL/HONOR DONATION FORM

Please accept this donation:  In Memory of:
☐ In Honor of:
First Name(s)
Last Name
Address
City/State/Zip
TELEPHONE
Email
Please send notification of this donation to:
First Name(s)
Last Name
Address
City/State/Zip
TELEPHONE
Every

Please send this form, along with your check to: LNCT, P.O. Box 496, Manzanita, OR 97130 *Questions? Please contact us:* **503-368-3203** 

Thank You!