



MEMORIAL GIFT DONATION FORM

In Loving Memory of: _____

Enclosed is a contribution in the amount of \$_____

Donor Name & Address: _____

Please send Memorial Card to: _____

This gift is most appreciated and will be used to help fill an empty plate of someone in need at Simon's Soup Kitchen.

We thank you for your contribution.

Please send this form along with your Memorial Gift Donation to

Simon's Soup Kitchen

P.O. Box 300

Seaside Heights, NJ 08751