THIS FORM IS PROVIDED FOR MAKING A MEMORIAL GIFT TO

THE SCOTTISH RITE, VALLEY OF MACON, RITE CARE FUND P.O. Box 4505, Macon, GA 31210 478-745-4025

Enclosed please find the sum of \$	as a contribution in memory of: Please send a
memorial card in acknowledgement of this gift to: Member of Family: Address:	
Name of Donor:	
Scottish Rite RiteCare Fund,	Valley of Macon
THIS FORM IS PROVIDED FOR MAK	ING A MEMORIAL GIFT TO
THE SCOTTISH RITE, VALLEY OF M P.O. Box 4505 , Macon, 478-745-402	, GA 31210
Enclosed please find the sum of \$	as a contribution in memory of:
memorial card in acknowledgement of this gift to: Member of Family: Address:	



Address: _____



Name of Donor: