

Tribute/Memorial Gift Contribution Form

Enclosed is my special contribution of \$ _____ (\$25.00 suggested minimum donation) to the Guilford Fund for Education

I would like to make this gift in honor of:

Please print

I would like to make this gift in memory of:

Please print

Your Name: _____

Your Address: _____

City, State, Zip: _____

Your Phone Number: _____ Email: _____

Please make checks payable to GFFE. Please use our web site if you would like to make this contribution using your credit card. www.gffe.org

GUILFORD FUND
FOR EDUCATION
800 VILLAGE WALK
Box #269
GUILFORD, CT 06437



If you complete the following lines, we would be pleased to send a card acknowledging your generous contribution.

Name of card recipient

Address of card recipient

City, State, Zip Code of card recipient

The amount of your contribution will be kept confidential.