



Beacon House Memorial Gift Form

Enclosed is my gift of \$ _____ made in memory of: _____.

Your Name: Mr./Mrs./Ms./Dr. _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email _____

***An acknowledgement of your gift** will be sent to a named individual, family member or friend informing them of your thoughtfulness:*

Name _____ Relationship to deceased _____

Address _____

City _____ State _____ Zip _____

Payment Detail

Enclosed is a check made payable to Beacon House

Please bill my Credit Card: VISA MasterCard

Credit Card Number: - - -

Expiration Date (M-Y): - Security Code (required)

Name as it appears on card _____

Signature _____

**Please Mail To: Beacon House
1301 North Third Street
Marquette, MI 49855**

**Beacon House is a 501(c)(3) non-profit organization
Tax exempt # 38-3633276**

Your gift is tax deductible to the extent provided by law. A written confirmation will be sent by mail for gifts of \$25 or more. Please contact Marcy Griffen, Executive Director, if you have any questions at 906.225.7100 or via email at mgriffen@charter.net

Thank you for supporting Beacon House!

