

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 (____) _____ E-Mail _____

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 Beacon House at finance@upbeaconhouse.org if you have any questions at (906) 225-7100.