



Tribute & Memorial Donation Form

101 West Morris Street, Bath, NY 14810

Donor Contact Information

Name	Phone
Address	
City, State, Zip Code	Email Address

Donation Information

Amount

Tribute or Memorial Information

Please select an option below: <input type="checkbox"/> This donation is in honor of a special person <input type="checkbox"/> This donation is in memory of a special person	
Person's Name	Would you like us to spend this donation in a certain way? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
If you would like us to notify the person's family of your donation, please provide their name(s) and contact information:	