



## MEMORIAL AND HONORARIUM DONATION FORM

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Occasion: \_\_\_\_\_

Please send an acknowledgement to:

Name: \_\_\_\_\_

Relationship to Honoree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donation Amount:  \$10  \$25  \$50  \$100  \$ \_\_\_\_\_

Payment type:

Enclosed is my check made payable to Ijams Nature Center

Charge my:  Visa  MasterCard

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

An acknowledgement will be sent to the person designated.  
Your gift amount will be kept confidential.

Return Completed Forms to:  
Ijams Nature Center  
2915 Island Home Avenue  
Knoxville, TN 37920  
Phone: (865) 577-4717