

HONORARIUM/MEMORIAL FORM

GIVEN BY - NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

THIS GIFT IS GIVEN:

In Memory of

In Honor of

(select ~~circle~~ one)

NAME: _____

SEND ACKNOWLEDGEMENT TO - NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE RETURN FORMS TO:

CAMPBELL COUNTY HISTORICAL & GENEALOGICAL SOCIETY
8352 EAST MAIN STREET
ALEXANDRIA, KY 41001