

MEMORIAL CONTRIBUTIONS

Enclosed is a contribution in the amount of \$ _____

In Memory of _____

In Honor of _____

On the Occasion of _____

Please send acknowledgement card to:

Name _____

Address _____

City, State, Zip _____

Contributed by:

Name _____

Address _____

City, State, Zip _____

Make your check payable to the **Alzafar Shriners Hospital Transportation Fund**.

Mail to: Alzafar Shriners, 901 N. Loop 1604 W, San Antonio, TX 78232

Alzafar Shrines of San Antonio, Texas is a 501 © (3) non-profit organization, your charitable proceeds are for the benefit of Alzafar Shriners Hospital Transportation Fund in San Antonio, Texas