



Memorial Donation Form



If you wish to send a memorial donation to our church, please complete and include the following form with your check. If you wish, we will send an acknowledgement to the bereaved family (the amount will not be disclosed).

Name of the deceased: _____

Send acknowledgement to the bereaved (optional):

Name _____

Address _____

City _____ State _____ Zip _____

Person(s) making contribution:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email (optional) _____

Amount enclosed \$ _____

Please make your check payable to “*Zion Lutheran Church*”. On the notation line of the check, please write “In memory of *<insert name of deceased>*”. Place your check and this form in the offering plate collection at the Saturday or Sunday service, OR mail/deliver them to:

Zion Lutheran Church
235 Pond Hill Rd
Wallingford CT 06492

Thank You