

DONATION FORM

DONOR INFORMATION (PLEASE PRINT OR TYPE)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Information/Comments: _____

DONOR AMOUNT

\$25.00 \$50.00 \$75.00 \$100.00 Other amount \$ _____

PLEASE NOTE THAT ALL DONATIONS ARE TAX DEDUCTIBLE

MAKE CHECKS PAYABLE TO: CANANDAIGUA CEMETERY ASSOCIATION

**MAIL COMPLETED FORM TO: WOODLAWN CEMETERY
130 NORTH PEARL STREET
CANANDAIGUA, NY 14424**

Your donation supports efforts to maintain the cemetery in a well manicured manner with the hope that all who enter the gates will be pleased with their experience.