



## Memorial and Honorarium Information Form

Gift Type (Please check one):

- Memorial
- Honorarium

Honoree Name: \_\_\_\_\_  
First Name Last Name

Gift Amount:  \$100    \$50    \$25    \$10    Other: \_\_\_\_\_

*Please make checks payable to the ECMC Foundation and mail to 462 Grider St, G1, Buffalo NY 14215.*

### Please send notification to:

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

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Donor Information:

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

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

Donor City: \_\_\_\_\_ Donor State/Province: \_\_\_\_\_ Donor Zip: \_\_\_\_\_

Donor Phone Number: \_\_\_\_\_

Donor Email: \_\_\_\_\_

## Thank you for your gift!

ECMC Foundation \* 462 Grider Street, G1 \* Buffalo NY 14215 \* (716) 898-5800 \* [www.ecmc.edu](http://www.ecmc.edu)