

Life Choices, Inc.

Memorial or Honorarium Gift

Gift from:

	Name_	
	Addre	SS
In Honor of:	City, S	State, Zip
	Name	
	Addre	ss
	City, State, Zip	
	Occas	ion
In Memory of:		
Acknowledge:		Deceased's name
		Bereaved name
		Bereaved address
		Bereaved city, state, zip.