

# MEMORIAL FORM

In Memory of: \_\_\_\_\_

Name of person to whom acknowledge is to be sent:

Name \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

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

\_\_\_\_\_

City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Donations are Tax Deductible

Make checks payable to Khiva Memorial Fund

Mail to: Khiva Shrine PO Box 328 Amarillo, TX 79105