

Honorarium / Memorial Gift:

Gift Amount: \$ _____

Name of Donor: _____

Address of Donor: _____

Email of Donor: _____

In memory / honor of (circle one) _____

Name of Person to Notify of your Gift: _____

Address of Person to Notify of your Gift: _____

Please send this form and your gift to:

Barbara Stone Foundation
P.O. Box 26567
Greenville, SC 29616