

Gift Form to Print . . .

Enclosed is my contribution to the Friends.

Please Print

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Home ___ Work ___ Cell ___

E-mail: _____

Check enclosed payable to Friends of Mount Auburn Cemetery. \$ _____

Please charge \$ _____ to my credit card.

Credit Card # _____

Expiration Date: _____ Mastercard Visa

Signature: _____

Gift Designation

Unrestricted

Horticultural Collections

Preservation

Public Programs

This gift is in memory of: _____

This gift is in honor of: _____

Please mail your contribution and, if applicable, company matching gift form to:

Friends of Mount Auburn Cemetery

580 Mount Auburn Street, Cambridge, MA 02138.

Contributions are tax-deductible.