

Charitable Contribution Form

To Make a Charitable Contribution to Syracuse Rose Society please complete the following and mail to:

Syracuse Rose Society c/o Lisa M. Munoff, Treasurer 1773 State Route 173 Chittenango, NY 13037

| Your Name: | |
|------------|--|
| | ldress: |
| | ty: |
| | ate: Zip: |
| En | nail: Phone: |
| | onor/Memorial My gift is in honor of: |
| * | My gift is in memory of: |
| * | Provide notification to: |
| - | |
| * | I have enclosed a check payable to Syracuse Rose Society |
| | in the amount of \$ |
| | |