



# Honorarium/Memorial Transmittal

Area Number

Operating

Campership

Capital

Grand Total of All Checks \$ \_\_\_\_\_

In **memory** of \_\_\_\_\_

\*In **honor** of \_\_\_\_\_

Family or relative of the deceased:

Street \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_

Form Submitted by \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

We have notified the family of these gifts. Date \_\_\_/\_\_\_/\_\_\_

We have sent acknowledgments to these donors. Date \_\_\_/\_\_\_/\_\_\_

Use this form for singular and/or multiple donors giving to the same memorial/honorarium. Please paperclip this form to the front of the checks, place in an envelope and mail to our processing facility at 2286 Crosswind Drive, Suite A, Prescott, AZ 86301.

\*Do not use this form for **staff honorariums**, see *Finance Manual*.