

## *In Memoriam*

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All contributions will be gratefully acknowledged.

(PLEASE PRINT CLEARLY)

### **In Memory Of:**

Name of Deceased: \_\_\_\_\_

Contribution Amount: \_\_\_\_\_ Date: \_\_\_\_\_

### **Donated by:**

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

Address of Donor: \_\_\_\_\_

Phone Number of Donor: \_\_\_\_\_

Email Address of Donor: \_\_\_\_\_

### **Send Memorial Card to:**

Name of Recipient: \_\_\_\_\_

Address of Recipient: \_\_\_\_\_

Email Address of Recipient: \_\_\_\_\_

Please make checks payable to:

**St. Lucy's Auxiliary to the Blind**

Mail to:  
St. Lucy's Auxiliary to the Blind  
C/O Audrey Reilly, Treasurer  
1778 Norsen Drive  
Pittsburgh, PA 15243