

## Medallion Ball Honor Listing Form

Please print clearly

In honor of (name of individual): \_\_\_\_\_

DONATED BY:

Name of donor \_\_\_\_\_

Address of donor \_\_\_\_\_

Phone number of donor \_\_\_\_\_

Email of donor \_\_\_\_\_

CONTRIBUTION: (\$20 minimum suggested donation)

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

Please make checks payable to St. Lucy's Auxiliary to the Blind.

Mail to: **Attn: Medallion Ball 2023**  
**PO Box 38324**  
**Pittsburgh, PA 15238**