

Medallion Ball Memorial Listing Form

Please print clearly

In memory of (name of deceased): _____

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