

MEMORIAL AND HONORARY CONTRIBUTION FORM

Your contact and payment information:

Name: _____

Street Address: _____

City, State, Zip: _____

Email address: _____

Phone: _____

Check enclosed \$ _____

Credit card Visa MasterCard Discover American Express Diners Club

Name as it appears on card: _____

Credit card number: _____

Expiration date _____ CVV2 _____ Signature _____

Amount to be charged \$ _____

**MidTown, Inc. will send a card acknowledging your honorary or memorial contribution given
in support of ongoing efforts to sustain and enhance
the neighborhoods and businesses within MidTown Columbus.**

In honor or memory (please circle one) of _____

Acknowledge to: _____

Address _____

City _____ State _____ Zip _____

Recipient's email (optional) _____

Card to read From _____

In honor or memory (please circle one) of _____

Acknowledge to: _____

Address _____

City _____ State _____ Zip _____

Recipient's email (optional) _____

Card to read From _____

You may fax or mail this form, or you may donate online and note details for acknowledgement.