

Friends of the Wild Flower Garden, Inc.
P. O. Box 3793
Minneapolis, MN 55403

Memorial Form

1: The Donor

Your Name:

Your Address:

Your City:

State:

Zip:

Amount of Memorial \$

2: The Memorial is for:

Name of person:

Notification of memorial should be sent to:

Name:

Address:

City:

State:

Zip:

Notes to us:

All memorials will be acknowledged by return letter both to the donor and the person(s) listed in section 2. Memorial donations are also reported in *The Fringed Gentian*TM (names only) both as to donor and as to the other person. Check this box if you do not wish disclosure:

Checks are payable to "The Friends of the Wild Flower Garden"
Please Mail to the address at top of form, as printed, no other words added.