



MEMORIAL GIFT FORM

We appreciate your desire to honor someone special with a memorial gift.

Return this form with your gift

This gift is in memory of:

Name _____

GIFT AMOUNT: _____

Designate to the requested area of support/fund Designate to _____

O5441
Name
Address
Address
City State Zip
Phone
Email

CHECK Payable to University of Maine Foundation
CREDIT CARD Amount \$
VISA MasterCard American Express Discover
Name on Card
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