AOSHS

American Overseas Schools Historical Society

MEMORIAL FUND APPLICATION/DONATION FORM

To establish a memorial fund or to donate toward an existing fund, please complete this form and return it to:

AOSHS Memorial Program, 704 W. Douglas Ave., Wichita, KS 67203

Your name _____ Date _____

Address_____

City/State/ZIP_____

Telephone (_____) _____ E-mail_____

Name of Honoree *(include title if appropriate)*_____

Dates of birth/death _____ _____

Amount of Donation_____ Check #_____

Credit Card |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Expires ___/___

Security Code _____ Zip Code_____

Name on credit card _____

TO THOSE WISHING TO ESTABLISH & SPONSOR A FUND:

Check those items below which apply. **Numbers 1 and 2 are *mandatory***.

___ 1. Enclosed is a 100 to 300-word biography to be used as an announcement in the next issue of the *AOSHS Quarterly* newsletter.

___ 2. Enclosed is my check in the amount of $ _____ to open this memorial account (minimum $25.00)

___ 3. Enclosed is a photo of the honoree (cannot be returned).

___ 4. I will submit a photo of the honoree when the memorial fund is closed.

___ 5. I do not intend to include a photo.

After this form is received, the fund will be announced in the next two issues of the AOSHS newsletter. When the fund closes, you will be notified as to the amount collected.

If you have any further questions regarding establishing this fund, please contact me as noted below, or write to: **AOSHS Memorial Program, 704 W. Douglas Ave., Wichita, KS 67203.**

Martha Brown, AOSHS Memorials Chair
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