

VIRTUAL REMEMBRANCE FORM - COMMEMORATIVE

To establish or donate to a Virtual Remembrance COMMEMORATIVE Fund, complete the form below and send it with your payment and required information to:

AOSHS Virtual Remembrance Program, 704 W. Douglas Ave., Wichita, KS 67203

Your Name	Date
	E-mail
PLEASE CHECK ONE:	
I am <i>establishing</i> the fund (I am <i>donating</i> to the fund.	(must be at least \$100). See below for required information.
Name of Person(s), Group, or Ev	vent Commemorated
Amount of Donation	Check #
	-OR-
Credit Card _	
Security Code	Zip Code DISCOVER_NETWORK
TO THOSE ESTABLISHE	NG A VIRTUAL REMEMBRANCE COMMEMORATIVE FUND:
Please provide the following	information:
INSCRIPTION ON THE TH	IREE PRINT LINES (35 characters maximum per line, including spaces):
If additional monies are dona Virtual Remembrance.	ated, you will be contacted for additional information to include in the
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