

VIRTUAL REMEMBRANCE FORM - MEMORIAL

To establish or donate to a Virtual Remembrance MEMORIAL 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

	Date
PLEASE CHECK ONE:	
	ORIAL. See below for required and optional information
I am <i>contributing</i> to an established Virtual Reme	embrance MEMORIAL Fund.
Name of Honoree	
Dates of birth/death	
Amount of Donation	
Credit Card	
Security Code Zip Code	AMERICAN DISCOVER
Name on credit card	
TO THOSE WISHING TO ESTABLISH A VIRTUAL RI	EMEMBRANCE MEMORIAL FUND:
Check those items below which apply. Numbers 1 and 2 are	e mandatory.
1. Enclosed is a 100 to 250-word biography to be used as AOSHS Quarterly newsletter. 2. Enclosed is my check for \$OR- Credit can3. Enclosed is a photo of the honoree (cannot be returned4. I do not intend to include a photo.	ard information is provided.
After this form is received, the fund will be announced in the	next two issues of the AOSHS newsletter. Others may donate to bu will be given the opportunity to provide information for the
If you have any further questions regarding establishing this f	•