

## Honor/Memorial Form

Unitarian Universalist Church of Buffalo

## **Personal Information**

Full Name	:	
Full Address	:	
City, St Zip	:	
Email	:	
Phone Number	:	
Remembrance Information		
Type of Remembi	rance : in honor of:	in memory of:
Honoree	:	
Do you wish to no	tify someone of your gift?	☐ yes ☐ no
Person to notify		
Recipient Address		
Recipient Address City, St Zip		