

IN MEMORY OF

I would like to make a donation of \$_____ in memory of:

_____ (full name of person)

Name of person(s) to receive acknowledgement -

Mr./Mrs./Miss/Ms _____

Address _____

City _____ State _____ Zip _____

Name of person(s) making donation -

Mr./Mrs./Miss/Ms _____

Address _____

City _____ State _____ Zip _____

Zip _____

Telephone Number _____

PLEASE MAIL THIS FORM WITH YOUR CHECK PAYABLE TO:

ROSE GARDEN RESTORATION COMMITTEE

P.O. BOX 3814

SCHENECTADY, NY 12303-3814

www.schenectadyrose.org

- ** GE employee & retiree contributions will be matched. I have contacted GE at 1-800-305-0669 or www.gefoundation.com.