

## DONATIONS FOR 2020 – 2021

Dept.	ALCWFDN				National Jewish Health			
Salon #	Regular	Memorial	Scholarship	8 & 40 Foundation	Ped #1	Rec #2	All Part #3	Shower of Checks
<b>Total:</b>								

**Memorial Acknowledgement:**

Name of Deceased: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Departemental \_\_\_\_\_ Transmittal # \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

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**Send to: Sandra Winchester, La Secretaire-Cassiere Nationale**  
**PO Box 1108, Lake Dallas, Texas 75065-1108**