



I WOULD LIKE TO CONTRIBUTE TO MAGNOLIA GARDENS

\$25.00 STANDARD CONTRIBUTION

\$\_\_\_\_\_ SPECIAL CONTRIBUTION

CONTRIBUTOR'S NAME: \_\_\_\_\_

ADDRESS WITH CITY STATE ZIP:

\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

*You will receive a letter acknowledging your contribution. A duplicate Certificate is available upon request.*

The Contribution is:     In honor of                       In memory of

NAME: \_\_\_\_\_

ACKNOWLEDGEMENT MAILED TO:

NAME: \_\_\_\_\_

ADDRESS WITH CITY, STATE, and ZIP CODE:

\_\_\_\_\_  
\_\_\_\_\_

Please make checks payable to:

Magnolia Gardens  
P.O. Box 1609  
Jackson, MS 39215

601-359-1100 or 601-359-1150