

MEMORIAL FORM

In Memory of: _____

Name of person to whom acknowledge is to be sent:

Name _____

Address: _____

City: _____ St _____ Zip _____

Name of Donor: _____

Address: _____

City: _____ St _____ Zip _____

Donations are Tax Deductible

Make checks payable to Khiva Memorial Fund

Mail to: Khiva Shrine PO Box 328 Amarillo, TX 79105