

A Memorial/Tribute Fund
A LASTING WAY TO REMEMBER SOMEONE YOU CARE ABOUT

Please accept this Memorial Tribute Gift:

- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> In Memory | <input type="checkbox"/> In Honor | <input type="checkbox"/> Happy Birthday |
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Get Well | <input type="checkbox"/> Other Occasion |

Of: _____

Please acknowledge to: _____

Address _____

Submitted by: _____

Address _____

Amount enclosed \$ _____ **Return to: Theodore Roosevelt Council, BSA**
544 Broadway
Massapequa, New York 11758