



**I would like to make a donation In Honor Of / In Memory Of (circle one)**

Name: \_\_\_\_\_

Donor's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Donation Amount: \_\_\_\_\_

**Please mail to  
Donation Memorials  
Thomasville Landmarks,  
PO Box 1285, Thomasville, GA 31799.**