



VETERANS HOME IN HOLYOKE

MEMORIAL DONATION FORM

Date: _____

Amount donated: \$ _____

Donor's name(s): _____

Donor's Address: _____

In Honor/Memory of: _____

Letters of acknowledgement to:

Name: _____

Address: _____

Name: _____

Address: _____

Please make your check payable to:

Veterans Home in Holyoke

Remit to:

Veterans Home in Holyoke

Treasurer's Office

110 Cherry Street, Holyoke, MA 01040