

Celebrate Mother's Day by Honoring Special Women in Your Life

Donor Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Enclosed is my gift of \$ _____ to honor the following special women:

Please acknowledge gift (not the amount) to: Name _____ Address _____ City _____ State _____ Zip _____	If you would like to express sympathy or respect, please complete the following: This gift is in ____ honor of ____ memory of _____ Name (please print)
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Please return this completed form along with your gift by April 20th to:

*Ashland County Community Foundation
Women's Fund
300 College Avenue
Ashland, OH 44805*