

Name of individual being remembered
and address where card will be mailed

*A gift of lasting tribute
made to the
Mariposa County Arts Council to
Honor*

*In
Memory*

Address where Card is to be mailed:

Your name and address printed below

*A gift of lasting tribute
made by*

*Upon receipt of a Lasting Tribute donation ,
we send a card to the family telling them of your
gift and providing them with your name.*

We do not disclose the amount of your gift .

*More than one person may receive acknowl-
edgement of your gift.*

*To make a donation in memory, please fill out
the donation form and return it to our offices
with your check or credit card information.*

*Mariposa County Arts Council Inc. is a non-
profit # 94-2753977, for which you may receive
a federal tax credit on your income tax return.*

Mariposa County Arts Council, Inc.
(209) 966-3155
P. O. Box 2134
Mariposa CA 95338-2134

Your Name _____

Your Address _____

Credit Card # _____

Expiration Date _____ *Amount* _____

*Your gift, expressing your deep regard, is a lasting tribute to
those cherished and respected.*