

# Printable M E M O R I A L Donation Form

Please mail check or money order to:

Ohio Coalition for the Education of Children with Disabilities  
165 W. Center St., Ste. 302  
Marion, OH 43302

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

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

City, State, Postal Code: \_\_\_\_\_

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

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

I'd like to contribute \$\_\_\_\_\_ to the Ohio Coalition for  
the Education of Children with Disabilities (OCECD) in memory of

\_\_\_\_\_.

A check for the amount, made payable to OCECD, is enclosed.

Please send a card informing the following person of this memorial  
contribution:

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

Street/Post Office Box: \_\_\_\_\_

City, State, Postal Code: \_\_\_\_\_

I understand that my donation to this incorporated 501(c)(3) nonprofit  
organization may be tax deductible.