



Memorial and Tribute Gift Form

The enclosed contribution to the Cox Arboretum Foundation is given:

In memory of: _____

In honor of: _____

Occasion: _____

Gift made by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

A personal acknowledgement of your gift will be sent to the individual honored or to the family who has lost a loved one, without reference to the size of your gift.

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Options

Check for \$_____ is enclosed, made payable to the Cox Arboretum Foundation

Charge \$_____ to Visa MasterCard Discover

Name as it appears on card: _____

Account number: _____

Expiration date: ____/____ 3-digit security code: ____

Please mail your form and contribution to:

Cox Arboretum Foundation
Development Department
6733 Springboro Pike
Dayton, OH 45449

For questions, please call (937) 434-9005, or visit our website: www.CoxArboretumFoundation.org

Thank you for your kind donation.