

Professional & Administrative Union
Local 1979, UAW
Memorial Donation Form

Member's Name _____

Daytime Contact Number/E-Mail Address _____

Decedent's Name _____

Relationship to Member _____

Name of Organization _____

Address _____

City State & Zip _____

Phone (if known) _____

Contact Person (if any) _____

Special instructions when making memorial donation (if any) _____

Would you like an acknowledgement sent from the organization? If so, please list the person's name and address where you would like it sent _____

Please complete, sign, and fax this form to 7-8169. Thank you.

Member's Signature

Date