

*Glory Community
Memorial/Honorary Donation Form*

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

This donation is in the memory of:

(or) This donation is to honor:

Additional comments regarding this donation:

_____ *My check is enclosed*

_____ *My credit card information is as follows:*

Visa _____

Discover _____

M/C _____

AMEX _____

Account No. _____

Name as appears on card _____

Expiration Date: _____

Amount Given: _____

Signature: _____

Return to: Glory Community, 4195 Broadmoor Loop,
Broomfield, CO 80023

Thank you!