

In Memoriam Donation Form

I would like to make a donation in memory of: _____

With a gift of: \$ _____

We will send a personalized card acknowledging your gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Method of Payment:

Check

Visa

Mastercard

American Express

Card Number _____ Expiration Date _____

Signature required for credit card _____

Please make Checks payable to Cornerstone Schools of Alabama

For more information please contact Sarah Pikal at 205-769-0035

Cornerstone Schools of Alabama · P.O. Box 320309 · Birmingham, AL 35232