



Adopt-a-Monument Program

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Enclosed is my tax-deductible gift of \$ _____

I would like my donation applied toward:

Single Lift \$200. _____

Double Lift \$450. _____

Cleaning \$150. _____

Please make checks, corporate matches, and other donations payable to:

Baron Hirsch Cemetery

Gift will be matched by: _____

Organization Name _____

Please keep my donation confidential