

## DONATIONS FOR 2024 – 2025

Dept.	ALCWFDN					National Jewish Health		
Salon #	Regular	Memorial	Scholarship	Scholarship All Partner	8 & 40 Foundation	Ped #1	Rec #2	Shower of Checks
<b>Total:</b>								

**Memorial Acknowledgement:**  
 Name of Deceased: \_\_\_\_\_  
 Next of Kin: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Departemental \_\_\_\_\_ Transmittal # \_\_\_\_\_  
 Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

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**Send to: Sandra Winchester, La Secretaire-Cassiere Nationale**  
**PO Box 1108, Lake Dallas, Texas 75065-1108**