

**YES,** *I would like to  
support Glen Eden!*

- |                                      |          |                                  |        |
|--------------------------------------|----------|----------------------------------|--------|
| <input type="checkbox"/> Benefactor  | \$ 1,000 | <input type="checkbox"/> Sponsor | \$ 500 |
| <input type="checkbox"/> Donor       | \$ 250   | <input type="checkbox"/> Friend  | \$ 100 |
| <input type="checkbox"/> Contributor | \$ 50    | <input type="checkbox"/> Member  | \$ 25  |



*Where Families of Faith Remember Christ's Promises*

35667 West Eight Mile Road  
Livonia, Michigan 48152  
248-477-4460

[www.glenedenmemorialpark.org](http://www.glenedenmemorialpark.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

Please note my updated address.

Please send me information via E-mail.

My E-mail address is:

\_\_\_\_\_

**My check is enclosed payable to Glen Eden**

**Please charge my credit card:**

Visa

MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on card:

\_\_\_\_\_

Signature \_\_\_\_\_

My credit card billing address is different than the address on this card

Address \_\_\_\_\_

\_\_\_\_\_

This gift is in honor of:

\_\_\_\_\_

This gift is in memory of:

\_\_\_\_\_

Please tell us how you would like your name shown for our donor list:

\_\_\_\_\_

YOUR DONATION IS TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW.