

Acknowledgement of this Memorial Donation will be sent to both the donor and if requested, to the next-of-kin

Donor Informa	ation:						
Name: Last		First	M.I.	Relation	Relationship to the deceased		
Home Address:	1 st Line	2 nd Line	City		State	Zip Code	
Rank/Rate/Grade		E-mail Address	E-mail Address		Contact Phone Number		
Status (Please c	heck one)						
Active Duty	Retired CG Civilian Employee/NAF/CWC/CGES		NAF/CWC/CGES	Reser	ve Auxiliary	PHS	Other
	l would li	ke to donate \$	to	CGMA i	n the memory	y of:	

Name: Last		First	M.I.	Rank/Rate/Grade			
Status (Please ch	eck one)						
Active Duty	Retired	CG Civilian Employee/N/	Civilian Employee/NAF/CWC/CGES		Auxiliary	PHS	Other

Acknowledgement of this donation should also be sent to:

Name: Last	First	M.I.	Relationship to the deceased		
Home Address: 1 st Line	2 nd Line	City	State	Zip Code	

Please complete, print and send this form along with your donation to:

Coast Guard Mutual Assistance 1005 N. Glebe Road., Suite 220 Arlington, VA 22201

Make checks payable to CGMA. Do not send cash through the mail



You may make a secure credit card Honorary Donation online through our partnership with <u>Qgiv</u> using this QR code.

Thank you for your tax-deductible contribution to Coast Guard Mutual Assistance!