Quogue Wildlife Refuge

Southampton Township Wildfowl Association

3 Old Country Rd. Box 492
Quogue, NY 11959

MEMORIAL DONATION FORM

Donor Name:_____ Date:_____

Address:_____

City:_____State:_____ Zip:_____

Telephone:_____ E-mail:_____

Donation Amount:_____ Tax ID # (if applicable):_____

Payment Method (please circle): Check Cash Credit Card

**If using a credit card, please indicate Name on Card*: _____

CC # _____ EXP:_____CVC:_____Billing Zip:_____

Tribute Information

Honoree's Name:_____

Acknowledgement Information (Honoree's next of kin)

Name:_____

Address:_____

City:_____State:_____ Zip:_____

*** Please attach payment to this form. A donation acknowledgement will be sent to the donor for tax purposes.**