



LAKESIDE HISTORICAL SOCIETY

MEMORIAL FUND

IN MEMORY OF: _____

Year of birth & death: _____

Mail acknowledgement & thank you to next of kin? YES NO

Name of next of kin: _____

Address: _____

Person Ordering: Name: _____

Address: _____

City/State/Zip: _____

Telephone # _____

Date: _____

AMOUNT: \$ _____

Please send this form with payment to:

LAKESIDE HISTORICAL SOCIETY

9906 MAINE AVENUE

LAKESIDE, CA 92040

(Make checks payable to "Lakeside Historical Society" or "LHS")

Questions? Call (619) 561-1886

For LHS Office: Date: _____

Name of person accepting donation: _____