

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is my tax-deductible gift of: \$ \_\_\_\_\_

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

CHECKS MADE TO THE LLU MEDICAL AUXILIARY OR ON-LINE AT  
WWW.LLUMEDAUX.ORG VIA PAYPAL. QUESTIONS CALL (909) 558-4639

**Please notify the following person(s) of my gift:**

(The amount will not be noted)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Your gift large or small will enable the Auxiliary to continue serving in the community and around the world. Your help is very much appreciated!