

**LAKESIDE CEMETERY FUND - DONATION FORM - CONWAY, SOUTH CAROLINA**

**Name of Donor:** \_\_\_\_\_  
Please Print

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

\_\_\_\_\_  
City State Zip Code

**Telephone:** \_\_\_\_\_

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

**Notes:** \_\_\_\_\_

\*\*\*\*\*

**This contribution is:**  in honor of      or,       in memory of      or,       other:

\_\_\_\_\_  
\_\_\_\_\_

**Please send an acknowledgement to the following (if applicable):**

**Name:** \_\_\_\_\_  
Please Print

**Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

**Amount of check attached:** \_\_\_\_\_

Make check payable to CITY OF CONWAY – Indicate on check: LAKESIDE CEMETERY FUND

**Mail to: City of Conway**  
**Attn: Lakeside Cemetery Fund**  
**1000 Second Ave., Conway, SC 29526**