



Award Receipt Verification Form

Please complete this form if you are awarding an item purchased by the memorial fund in lieu of cash or check. The form should be returned to CHARITYSMITH at PO Box 7377, Menlo Park, CA 94026.

Date: _____

Memorial Fund Name: _____

Date of Award: _____

Description of Award: _____

Person or Organization Receiving the Award: _____

Award Recipient Signature:

I hereby acknowledge that I received the above stated award from the above stated memorial fund, a division of CHARITYSMITH: National Society of Memorial Funds (EIN 87-0636433).

Signature

Date

Printed Name

Title