

In Loving Memory of

PRINT FULL NAME

A gift is given by:

NAME

ADDRESS

CITY, STATE, ZIP

Checks payable to:

Christian Benevolent Association

Especially designated for:

- Mount Healthy Christian Home
- Mason Christian Village
- MCV Health Care Facility

Send Memorial Gift Acknowledgement to:

NAME

ADDRESS

CITY, STATE, ZIP

Mail to:

Christian Benevolent Association
411 Western Row Road • Mason, OH 45040