



Memorial and Honorarium Tribute Form

Please Print Legibly

I am a(n):

- ☐ Aflac Employee
☐ Friend of Aflac
☐ Aflac Associate - Market Operation: _____

My gift is a:

- ☐ Memorial Gift* to the Aflac Cancer and Blood Disorders Center in memory of _____
☐ Honorarium Gift* to the Aflac Cancer and Blood Disorders Center in honor of _____

Donor Name(s): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ **Email:** _____

Donation Amount: \$ _____

Payment Options

- ☐ Online: give.choa.org/aflacgives
☐ Please make a one-time deduction off my writing number.
 ○ Aflac Writing Number: _____
☐ I have mailed a check along with this form to the below address.

***If gift is in memory of or in honor of an individual, please provide the following information:**

Name(s) to notify: _____

Address: _____

City, State, Zip: _____

Message: _____

If you elect to make a gift in honor of or in memory of an individual(s), the amount will not be disclosed to the party to be notified. Your gift will be acknowledged in accordance with your instructions. This is a meaningful and lasting way to remember an anniversary, birthday, graduation, recovery from an illness, bereavement, or other occasion. A minimum gift of \$25 per tribute name is requested.

Please make all checks payable to Aflac Cancer and Blood Disorders Center and return to the following address.

**Aflac Cancer and Blood Disorders Center
ATTN: Emma Buyarski
1575 Northeast Expressway
Atlanta, GA 30329**

Your contribution is tax deductible as provided by law.