

## MEMORIAL GIFT REQUEST FORM

- 1) Print this page
- 2) Fill out your request
- 3) Mail or fax your request back to us.

MAIL TO:  
Tribute Gifts  
Consumers Union  
101 Truman Avenue  
Yonkers, NY 10703

FAX TO:  
(914) 378-2916

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email (optional) \_\_\_\_\_

Amount of Tribute Gift \_\_\_\_\_

☐ Check    ☐ Credit Card    ☐ VISA    ☐ M/C    ☐ AMEX  
(make checks payable to Consumer Reports)

Card number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send an acknowledgement of my tribute gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Message in note \_\_\_\_\_

\_\_\_\_\_