Memorial Request Form



Thank You for honoring your loved one with a memorial gift for InterVarsity Christian Fellowship. Your generosity can enable students and faculty to hear the good news of Jesus. To get started, complete the details below and return by email to donorservices@intervarsity.org or mail to InterVarsity Christian Fellowship, PO Box 7895, Madison, WI 53707-7895. Please allow 2-4 business days before the first date memorial is needed for publication.

Name of Individual Being Honored	
Memorial Contact Information	
First & Last Name(s)	
Street Address	
City, ST, Zip	
Cell Phone Home phone	
Email	
Relationship to Honoree	
Yes! Send me/us InterVarsity updates with campus stories, ways to pray, and ministry need	ds.
Memorial Designation (please check)	
☐ Where Most Needed ☐ Specific Ministry Account:	
Is there anything else InterVarsity should know about the family's wishes related to the Memor	rial?
Would you like memorials to be given online via InterVarsity's Donation Site? Yes	No
InterVarsity would like to thank the family for establishing the memorial. Besides the person na above, are there any other people we should thank? If yes, please provide name(s) and address	
First & Last Name(s)	
Street Address	
City, ST, Zip	
Cell Phone Home phone	
Email	
Relationship to Honoree	
First & Last Name(s)	
Street Address	
City, ST, Zip	
Cell Phone Home phone	
Email	
Relationship to Honoree	