

*Please return the  
attached pledge card  
with your contribution  
made payable to:*



Company F Memorial Fund  
c/o Medina Savings & Loan  
11182 Maple Ridge Rd.  
Medina, NY 14103

Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

**WWW.MEDINAARMORY.COM**

***THANK YOU!***

*Keep this portion for your records.*

*Please accept our donation to the Company F Memorial Fund:*

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Town, State, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

In honor of \_\_\_\_\_

Contribution Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

*Please return this portion with your contribution.*