

Please print this page, complete the form & mail to:

**WRC  
PO Box 975  
Scranton, PA 18501**

**Enclosed is a contribution  
to the Women's Resource  
Center  
in memory of:**

Mr/Mrs/Miss/Dr.

\_\_\_\_\_

**Amount Enclosed:**

\$ \_\_\_\_\_

**Please send acknowledgement  
to the family of:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Donor Name & Address:**

\_\_\_\_\_

\_\_\_\_\_