

*LORCORTA*  
*Memorial /In Honor of Bequest*

*In Memory of* \_\_\_\_\_

*In Honor of* \_\_\_\_\_

*I am / We are making a gift to:*

*LORAIN COUNTY RETIRED TEACHERS ASSOCIATION  
SCHOLARSHIP FUND*

*in the amount of* \_\_\_\_\_

*Donor(s) Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Phone Number* \_\_\_\_\_

*Your memorial gift will be acknowledged in our LORCORTA  
newsletter and a notification card will be sent to the family.*

*Please send notification of my gift to:*

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*[Mail this bequest form and your donation made out to LORCORTA to  
LORCORTA Treasurer, 10863 Killaloe Dr., Dublin, OH 43017]*