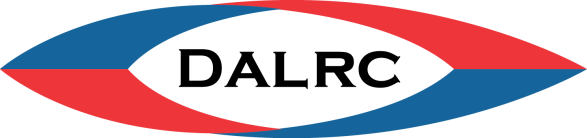
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**DALRC Retiree Assistance Program, Inc.**

**Memorial and Donation Form**

Donations for this program will be used to support the DALRC Retiree Assistance Program, Inc. (RAP) assistance fund and make assistance grants to eligible members of the Community of Retirees. If you wish to make a donation to RAP, please complete only **Section 1**. Individuals wishing to honor a living individual or memorialize a deceased individual must also complete **Section 2**. The name of the donor and the individual being honored or memorialized will be listed on the Memorial Program page of the RAP website. Contribution amounts will not be listed.

Donations may be accomplished by printing this form and completing the information below and paying by check.

This program and fund is not affiliated in any way with Delta Air Lines, Inc. Delta does not control the fund and is not involved in its operation. Accordingly, Delta makes no representation regarding the fund nor vouch for the fund with respect to its tax-exempt status or any other matter.

**Section 1**

Donation amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please enclose check with this form)

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2**

If the acknowledgement of this gift is to be sent to someone other than the person and address listed above, please enter

the name and/or address here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Circle One:  **In Memory Of (deceased) or In Honor Of (living)**

**Name of Individual to be honored or memorialized:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail to: DALRC Retiree Assistance Program, Inc.**

**155 Westridge Parkway, Suite 220**

**McDonough, GA 30253 Revised 1-15-2017**