



HISTORIC WOODLAWN FOUNDATION

Yes! I'll help preserve Woodlawn!
My gift of \$ _____ is enclosed.

Please charge my credit/debit card.

Visa MasterCard Discover AMEX

Card# _____

Exp. Date _____

Signature _____

Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

E-mail _____

*Woodlawn Cemetery Future Care Trust is a 501(c)13 nonprofit organization.
All gifts are deductible within the guidelines of applicable law.*

Thank-You!

PLEASE RETURN TO

Historic Woodlawn Cemetery Annual Giving
1502 West Central Avenue, Toledo, Ohio 43606
P 419-472-2186

WWW.HISTORIC-WOODLAWN.COM

If you would like to make your donation in
memory of a loved one, please see the other side.

MEMORIAL INFORMATION

*This is a memorial
tribute in memory of:*

PLEASE SEND ACKNOWLEDGMENT TO:

Name _____

Address _____

City _____

State _____

Zip Code _____

RECOGNITION

I would like to be recognized in the Spring Newsletter
Yes No

Please complete the donor information on the other side.

Thank-You!



woodlawn
— CEMETERY & ARBORETUM —

idyllic. iconic. inspired.

*Historic Woodlawn Cemetery is listed
on the National Register of Historic Places
and is a designated Arboretum.*

Larry Sloane, Executive Director
419-472-2186