



Memorial Directive

I, _____, in lieu of flowers at my funeral or
(print name)
memorial services, would like all memorials or remembrances in my name be for
the benefit or use of:

**Junior League of Raleigh
PO Box 26821
Raleigh, NC 27611**

Contact person: Tania McLeod, Administrative Director
Phone Number: 919-747-7480

Contributions should be sent to the above organization with a note indicating
such contribution is in my name and for the benefit of the above mentioned
nonprofit organization.

Copies of this form should be made and be available as follows:

- For those attending my funeral or memorial services.
- Shared with my family members or friends.
- Attached to my will and given to my heirs/beneficiaries.
- Published in a local newsletter of general circulation as part of my obituary.
- Other: _____

Contributions are tax deductible to the full extent of the law. The Junior League of
Raleigh is a 501 (c) 3 nonprofit. Please call the Junior League of Raleigh for
further information if needed.

(signed)

(date)

Mission

**To promote volunteerism, develop the potential of women and improve the
community through the effective action and leadership of trained
volunteers.**