

Gift Receiving Form

SEWARD COUNTY

PO Box 41 Seward, NE 68434

Last Name:		First:	Middle:	Prefix:
Spouse Last Name:		First:	Middle:	Prefix:
Organization Name:				
Street Address:			P.O. Box:	
City:	State:	Zip:	Phone:	
CHET INTO DIVATIVON				
GIFT INFORMATION				
Date Gift Received:		Gift Received By:		
mount of Gift:		☐ Check ☐ Cash ☐ Other		
Gift Is Anonymous: ☐ Y	Yes □ No	Gift Is A Memo	rial/Living Tribute:	l Yes □ No
•	Yes □ No	Gift Is A Memo	rial/Living Tribute: □	l Yes □ No
(If Applicable)			-	
(If Applicable) This Gift Is Given In Men	mory Of:			
(If Applicable) This Gift Is Given In Men This Gift Is A Living Trib	mory Of: bute To:			
(If Applicable) This Gift Is Given In Men This Gift Is A Living Trib In Honor Of Thei	mory Of: bute To: ir:	☐ Anniversary □	Other	
(If Applicable) This Gift Is Given In Men This Gift Is A Living Trib	mory Of:bute To: ir: □ Birthday ual(s) To Be Not	☐ Anniversary ☐	Other	
(If Applicable) This Gift Is Given In Men This Gift Is A Living Trib In Honor Of Thei Name Of Family/Individu	mory Of:bute To: ir:	☐ Anniversary ☐	P.O. Box:	