

KJT Memorial Foundation Enrollment Application

Name of person/s to be enrolled _____

Name and address of person to whom memorial should be mailed:

Name _____

Address _____

City, State, Zip _____

Requested by _____

Address _____

City, State, Zip _____

Amount of donation enclosed \$ _____

Mail to KJT Memorial Foundation, P.O. Box 297, La Grange, Texas 78945