GENERAL DONATION FORM

Please send donation along with this to:
Alpha Omega Veterans Services, Inc., 1183 Madison Ave., Memphis, TN 38104

Donation Amount: $______________________

DONOR INFORMATION:

First Name: _______________________________ Last Name: _______________________________

Company (optional): _________________________________________________________________

Street Address: ___________________________________________________________________

City: __________________________ ST: _________________________ Zip Code: __________________

Country: ___________________________ Email: __________________________________________

PLEASE FILL OUT THE FOLLOWING INFORMATION IF DONATING BY CREDIT/DEBIT CARD:
(AMEX, Visa, MasterCard & Discover)

Cardholder Name: ___________________________ Card Type: __________________________

Card Number: _____________________________________________________________________

Exp. Date: __________________________ CVC# ____________

Signature of cardholder: ________________

(CVC# is the number on back of card next to signature line)

Phone Number: _________________________

IF BILLING INFORMATION DIFFERS FROM DONOR INFORMATION, PLEASE ENTER INFORMATION BELOW:

First Name: _______________________________ Last Name: _______________________________

Company (optional): _________________________________________________________________

Street Address: ___________________________________________________________________

City: __________________________ ST: _________________________ Zip Code: __________________

Country: ___________________________ Email: __________________________________________

TO MAKE YOUR GIFT IN HONOR OF OR IN MEMORY OF PLEASE COMPLETE THE FOLLOWING:

I would love my gift to be (chose one): □ In Honor Of  □ In Memory Of  *AOVS does not disclose amount

Honoree Name: ___________________________________________________________________

Please send Acknowledgement of donation to: ___________________________________________________________________

Street Address: ___________________________________________________________________

City: __________________________ State: ________________________________

Zip Code: ___________________________ Country: ________________________________

alphaomegaveterans.org
“Helping Veterans HelpThemselves”