



1183 Madison Avenue
Memphis, TN 38104

GENERAL DONATION FORM

Please send donation along with this form to:

Alpha Omega Veterans Services, Inc., 1183 Madison Ave, Memphis, TN 38104

Donation Amount: \$ _____

DONOR INFORMATION:

First name: _____ Last name: _____

Company (Optional): _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Email Address: _____

PLEASE FILL OUT THE FOLLOWING INFORMATION IF DONATING BY CREDIT/DEBIT CARD:

(AMEX, Visa, MasterCard, and Discover accepted)

Cardholder's name: _____ Card Type: _____

Card Number: _____ Card Expiration: _____

Signature of cardholder: _____

IF BILLING INFORMATION DIFFERS FROM DONOR INFORMATION, PLEASE ENTER THE INFORMATION BELOW.

First name: _____ Last name: _____

Company (Optional): _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

TO MAKE YOUR GIFT IN HONOR OF OR IN MEMORY OF AN INDIVIDUAL OR FAMILY MEMBER, PLEASE COMPLETE THE FOLLOWING SECTION: **Please note AOVS does not disclose the donation amount.*

I would love my gift to be (choose one): In honor of In memory of

Honoree: _____

Please send acknowledgement of my donation to: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____