



**GENERAL DONATION FORM**

**Please send donation along with this to:**

Alpha Omega Veterans Services, Inc., Att: Accounting Dept., 3114 Jackson Ave., Memphis, TN 381112

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: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_ CVC# \_\_\_\_\_

(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 (chosed 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: \_\_\_\_\_