



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: _____

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: _____