



FOLDS of HONOR
FOUNDATION

GENERAL DONATION FORM

Please fill in the following information.

Date _____

Donation Amount \$ _____

First Name _____ Last Name _____

Company/Organization _____

Address _____

City _____ State _____ ZIP Code _____

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E-mail _____

Is this donation the result of an event: (Circle one) **Yes** **No**

Name of Event _____

Event Contact _____

E-mail _____

I (we) wish to have our gift remain anonymous: (Circle one) **Yes** **No**

To make your gift in honor of or in memory of an individual or family, please complete the following section:

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

Honoree _____

Acknowledgee _____

Address _____

City, State, Zip _____

Thank you for supporting our mission through your generous donation!

Please make checks payable to:

Folds of Honor Foundation

5800 N. Patriot Drive

Owasso, OK 74055

PH 918-274-4700 FX 918-274-4709

E-mail donorservices@foldsofhonor.org