



FOLDS *of* HONOR

General Donation Form

Date: _____

Donation Amount \$: _____

First Name: _____ Last Name: _____

Company Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell: _____

E-mail: _____

Is this donation the result of an event: (Circle one) YES NO

Name of Event: _____

Event Contact: _____

E-mail: _____

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

I would like my gift to be (Circle one):	In Honor Of	In Memory Of
Honoree:	_____	
Acknowledgee:	_____	
Address:	_____	
City:	State:	Zip Code:
_____	_____	_____

Thank you for supporting our mission through your generous donation!

Please make checks payable to:

Folds of Honor Foundation

8551 N 125th E Ave Suite 100

Owasso, OK 74055