

**Honor or Memorial Donation Form**

**Donor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Honor or Memorial**

In Honor of: \_\_\_\_\_ Honoree Name: \_\_\_\_\_

In Loving Memory of: \_\_\_\_\_ Name: \_\_\_\_\_

Please Send Acknowledgement to: \_\_\_\_\_

\_\_\_\_\_

**Gift Amount**

- |                                |                                |   |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$100          |
| <input type="checkbox"/> \$50  | <input type="checkbox"/> \$25  | <input type="checkbox"/> Other \$ _____ |

**Payment Method**

*Please circle one*

CHECK (payable to: Chronic Disease Fund)

-OR-

CREDIT CARD:                      VISA                      MC                      DISCOVER                      AMEX

Credit Card Information:

Name as appears on card: \_\_\_\_\_

Account #: \_\_\_\_\_

Exp Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code (located on back of most cards) \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Please submit this form with donation to:

**Chronic Disease Fund**  
**6900 Dallas Pkwy. Ste. 200**  
**Plano, TX 75024**  
[aallen@cdfund.org](mailto:aallen@cdfund.org)