



Texas Chapter South Texas Region Memorial/In Honor Of Donation Form

Honor your loved one. When you make a contribution in honor of or in memory of someone who has touched your life, you also help provide important resources to accelerate arthritis cures and fund needed research, patient services, public and professional education, and community services. The Arthritis Foundation will send a thank you card to you, and an acknowledgement letter to the honoree or a selected surviving family member of your choice.

This Gift is in Honor of (Name of Honoree): _____

Birthday Anniversary Get Well Wishes Other _____

This Gift is in Memory of: (Name of Deceased): _____

Please send notification of this gift to (Name): _____

Address: _____

City: _____ State: _____ Zip: _____

*Gifts will be promptly acknowledged. Your contribution is tax deductible. **Thank you.***

Person Making Donation: _____

Donor's Street Address: _____

Donor's City, State, Zip: _____

Donor's Day-time Phone #: _____ Email: _____

Method of Payment:

Amount: \$ _____

Check enclosed (payable to Arthritis Foundation)

Visa Master Card American Express

Credit Card #: _____ Expiration Date: _____

Card Holder Signature: _____

Please mail the form with payment, or fax it back with your credit card information.