

Tourette Association – Texas Chapter

phone: 281-238-8096 fax: 281-238-0468 toll free: 1-866-896-8484

CASH DONATION

Please complete the necessary information below. You will receive a tax letter for your files. If being sent as a **tribute**, the honoree will receive a card acknowledging your donation (sans amount). Please print your information for clarity.

Your Name:		
Company (if applicable):		
Your Address:		
City:	State:	Zip:
Phone:	Email:	
Amount of Enclosed Donation:	Check Encl	osed? (payable to Tourette Texas)
Credit Card:	Exp. Date:	
Name on Card:	(AmEx/Visa/MC/Discover accepted)	
PLEASE FILL OUT THIS SECTIO	ON <u>ONLY</u> IF DONATION IS A	TRIBUTE:
Donated in name of:		
Their address:		
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In Honor of (occasion):		
ORIn memory of:		
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Donor's Signature:	Date:	

Please mail your donation to:

Tourette Association – Texas Chapter 3919 River Forest Drive Richmond, TX 77406

Or fax form with credit card info to: 281-238-0468