

Alpha ALTERNATIVE

Special Occasion Gift Donation Form

Birthday of

Name: _____

Anniversary of

Christmas

Special Occasion Occasion: _____

Please send a card to: (to notify of the donation)

Name: _____

Address: _____

City/State/Zip: _____

From: (your information)

Name: _____ I would like my gift to be anonymous

Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Enclosed is a check for: \$_____

Mail this completed form with your check to:

Alpha Alternative PCC
P.O. Box 370
Hopkinsville, KY 42241

All gifts are tax deductible and will be receipted.
www.alphaalternative.org