Angleton Area Emergency Medical Corps
Tax Deductible Donation Form

Tax Deductible Donation Amount:_______________
Your Information:
Name:_____________________________________
Address:______________________________
______________________________ City:______________________________
State:______________________________
Zip:______________________________
Phone Number:______________________________
E-mail:______________________________

~+~
Angleton Area Emergency Medical Corps will honor all donations made in memory or in honor of individuals and groups with a gift announcement mailed to your designee. To designate your donation, please complete the following:

____Honorarium ____Memorial

Name of Honoree: ______________________________
Please mail acknowledgement card to:
First Name:______________________________
Last Name:______________________________
Address:______________________________
City:______________________________ State:__________________________
Zip:______________________________
Phone Number:______________________________
E-mail:______________________________

Please allow 3 weeks for your acknowledgement card to reach its destination.
~+~
Mail checks to:
Angleton Area Emergency Medical Corps
P O Box 1420
Angleton, Texas
77516-1420