

YES, I WOULD LIKE TO MAKE A GIFT TO THE JAMES L. WEST CENTER!

Your name(s) _____

Address _____

City _____ State _____ Zip _____

Please check the level of participation you wish to provide.

- \$ 2,500 and above
- \$ 1,000
- \$ 500
- \$ 100

- Gifts of any amount are welcome and appreciated. Please write your check for the amount you desire or complete the credit card information.

Payments to be made by:

- Check
- Please charge my/our pledged gift payments to: Visa or MasterCard

\$ _____ Amount

_____ Name on the card

_____ Card Number _____ Exp. Date

Security Code (back of the card) _____ Signature _____

This gift is in honor memory of _____

Please inform: Name _____

Address _____

For more information please contact Cathy Neece Brown or Susan Clayton 817.877.1199

Please mail checks to:
James L. West Alzheimer's Ctr
Development Department
1111 Summit Avenue
Fort Worth, Texas 76102



**THANK YOU FOR YOUR SUPPORT OF THE MISSION AND VISION OF THE
JAMES L. WEST ALZHEIMER'S CENTER.**