



DONATION FORM

Please complete this form and send to: info@altcure.org

DONOR NAME: _____

ORGANIZATION NAME (if applicable): _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

EMAIL: _____

CASH DONATION []

TICKET DONATION []

TICKET INFORMATION (if applicable):

EVENT NAME: _____ EVENT DATE: _____

NUMBER OF TICKETS: _____ VALUE PER TICKET: \$ _____

PLEASE DIRECT MY GIFT TO ONE OF THE FOLLOWING AREAS:

- [] MUSICAL/CONCERT EXPERIENCES
- [] SPORTING EVENT EXPERIENCES
- [] COMEDY EXPERIENCES
- [] PERFORMING ARTS EXPERIENCES
- [] FAMILY ACTIVITY EXPERIENCES
- [] ALT CURE ANNUAL FUND

DONATION AMOUNT: \$ _____

PLEASE MAIL CHECKS TO: ALTERNATIVE CURE INC.
1711 BAKER CT. #C
SAN FRANCISCO, CA 94129

THANKS FOR YOUR SUPPORT!