



Alpha II, Inc. Mail In Donation Form

Amount of Contribution*	\$	
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Contributor Information:

First Name *	
Last Name *	
Address 1 *	
Address 2 *	
City *	
State/Province *	
Zip/Postal Code *	
Phone *	
Fax *	
Email Address *	

Corporate Contributions:

If this contribution is being made on behalf of a corporation, please complete the information below.

Corporation Name	
Contact Name	
Contact Title	

Tribute Contributions:

To designate a contribution on honor of or in memory of an individual, please complete the information below on whose behalf the contribution is being made.

Who do you want to honor with this gift?

In honor of:	
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Who would you like to remember with this gift?

In remembrance of:	
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* Required Fields. Complete the form above and print when finished. Mail this form along with your completed check or money order to:

**Alpha II, Inc.
P.O. Box 369
Tonkawa, OK 74653**

Thank You for Your Support!