

**TRIBUTE OR MEMORIAL FUND DONATION**

**To Contribute:** please print this page, complete and mail with your check.

Please make checks payable to AAFA-TX and mail to:  
Asthma & Allergy Foundation of America, Texas  
9101 Quarter Horse Lane  
Ft. Worth, TX 76123

**Tribute or Memorial Form**

- In honor of \_\_\_\_\_
- In memory of \_\_\_\_\_
- On the occasion of \_\_\_\_\_

**Please send acknowledgement card to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Your name:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Enclosed is my check  
for: \$ \_\_\_\_\_