



Secure
Our
Seniors
Safety

**SECURE OUR SENIORS SAFETY
DONATION FORM**

DONATION AMOUNT: _____

PAYMENT METHOD:



CHECK — Make checks payable to: **Secure Our Seniors Safety**



CREDIT CARD

Please select one:



Visa



MC



AmEx



Disc

Card Number: _____

Exp. Date _____ CID# _____

Name as it appears on card _____

Billing Address: (if different from below) _____

Signature _____ Date: _____

DONOR INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ E-Mail: _____

PLEASE MAIL COMPLETED FORM AND DONATION TO:

SECURE OUR SENIORS SAFETY, 4145 BELTLINE ROAD, SUITE 212-307, ADDISON, TX 75001