



## ALAPTA TORNADO RELIEF FUND

### DONATION FORM

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AMOUNT OF DONATION: \$ \_\_\_\_\_

Please mail your completed form and check to:

ALAPTA  
Attn: Tornado Relief Fund  
P.O. Box 327  
Alexandria, VA 22313