



Oliver Foundation Donor Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

This Gift Honors: \_\_\_\_\_

Yes  No I wish to to be recognized as an Oliver Foundation donor in printed materials.

Payment Information

Signature \_\_\_\_\_

Donor Level: \_\_\_\_\_ \$25-\$249  
 \_\_\_\_\_ \$250-\$999  
 \_\_\_\_\_ \$1,000-\$2,499  
 \_\_\_\_\_ \$2,500-\$4,999  
 \_\_\_\_\_ \$5,000-\$9,999  
 \_\_\_\_\_ \$10,000 and above

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 Houston, TX 77007  
 Tel: 713.862.7899  
 Fax: 713.862.7911  
 Toll free: 888.889.9909  
 info@oliverfoundation.com

*Help Prevent childhood Obesity, Support the Oliver Foundation*

Print Donor Form