

Yes, I would like to make a gift to the James L. West Center!

Your name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please check the level of participation you wish to provide.

- \$2,500 and above
- \$1,000
- \$500
- \$100

Gifts of any amount are welcome and appreciated. Please write your check for the amount you desire or complete the credit card information.

Payments to be made by:

- Check
- Please charge my/our pledged gift payments to: Visa or MasterCard

\$ _____ Amount

_____ Name on the card

_____ Card Number _____ Exp. Date

Security Code (back of the card) _____ Signature _____

This gift is in honor memory of _____

Please inform: name _____

Address _____

For more information please contact Cathy Neece Brown or Susan Clayton 817.877.1199

Please mail checks to:
James L. West Center for Dementia Care
Development Department
1111 Summit Avenue
Fort Worth, Texas 76102



**Thank you for your support of the mission and vision of the
James L. West Center for Dementia Care**