



The Veterans Afield Foundation

I will donate \$ _____
to The Veterans Afield Foundation

One-Time Donation

Recurring Monthly Donation

Recurring Annual Donation for _____ years

PERSONAL INFORMATION

Full Name(s): _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

Pay By Credit Card

Visa

MC

Disc

Amex

Card #: _____ Exp. Date: _____

CVC#: _____ Name on card (please print): _____

Billing Address: _____ Same As Above

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Pay By Check (please ensure checks are payable to "The Veterans Afield Foundation")

OPTIONAL INFORMATION

I wish to have this gift remain anonymous.

I would like information about including The Veterans Afield Foundation in my estate plans.



Thank you for supporting our mission through your generous contribution.

The Veterans Afield Foundation is a tax-exempt 501(C)(3) nonprofit organization, EIN# 82-2656112