



VETERANSCUTS.ORG CREDIT CARD DONATION FORM

Please send donation along with this form to:
Veterans Cuts.Org 212 Cobblestone Lane East Peoria, Illinois 61611

Donation Amount: \$ _____

- YES! I would like to make this a recurring monthly donation and support our currently serving military and veterans with my monthly gift of: \$10/month \$20/month \$_____/month.

DONOR INFORMATION:

First Name: _____ Last Name: _____

Company (Optional): _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Email Address: _____

**IF DONATING BY CHECK, PLEASE ENCLOSE YOUR CHECK DONATION WITH THIS FORM. PLEASE FILL OUT THE FOLLOWING INFORMATION IF DONATING BY CREDIT CARD:
(Visa, MasterCard, and Discover accepted)**

Cardholder's Name: _____ Card Type: _____

Card Number: _____ Card Expr: _____ Card CCV#: _____

Signature of Cardholder: _____

IF BILLING INFORMATION DIFFERS FROM DONOR INFORMATION, PLEASE ENTER THE INFORMATION BELOW.

First Name: _____ Card Type: _____

Company (Optional): _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Email Address: _____

TO MAKE YOUR GIFT IN H ONOR OF OR IN MEMORY OF AN INDIVIDUAL OR FAMILY MEMBER, PLEASE COMPLETE BELOW:

I would love my gift to be (choose one): In honor of In memory of

Honoree: _____

Please sign acknowledgement of my donation to:

Address: _____

City: _____ State: _____ Zip/Postal Code: _____