## **M**AIL IN **DONATION FORM**



## **DONOR INFORMATION**

This gift is from: $\Box$ Individual(s) $\Box$ Business	☐ Both	
Name(s):	Business Name:	
Additional Contact:		
Home Address:		
City:	State:	Zip:
Phone   Home:	Mobile:	Business:
Email:		
For recognition purposes, please list my/our name(s) as:		
$\square$ I/we wish to remain anonymous.	☐ This gift will be matche	d by:
This gift is made $\square$ in honor of $\square$ in memory of:		
GIFT INFORMATION  To demonstrate support for the Medal of Honor, the Foundation, and the Society, I (we) hereby agree to contribute  \$ to the Medal of Honor Foundation.		
Donor Signature:		Date:
Donor Signature:		Date:
I prefer to fulfill this gift through: $\square$ One payment $\square$ Monthly $\square$ Invoice		
☐ Check payable to: The Medal of Honor Foundation		
Credit Card: ☐ Visa ☐ MasterCard ☐ AME	(	
Card Number:	Exp. Date:	CVV:
Name on Card:		
Billing Address:		
Cardholder Signature:		Date:
<ul> <li>☐ (Monthly Payment Only) I authorize the Medal of Honor Foundation to automatically charge future installment payments to my credit card until my pledge is paid in full.</li> <li>☐ I (we) wish to make a gift of stocks or securities. Please contact me with transfer information.</li> </ul>		
Please return form via email or mail to USS Yorktown   40 Patriots Point Rd.	: The Medal of Honor Foun	

Questions? Please contact: John Shertzer | Executive Director | 515.201.5755 | jshertzer@cmohs.org