



I will donate \$ _____ to
ForcesUnited

- MONTHLY DONATION ONE-TIME DONATION
 MULTI-YEAR DONATION for _____ years

*Making your donation online saves time and expense,
allowing us to do more with every dollar.
Please consider donating online.*

Full Name(s): _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

I WILL PAY WITH A CREDIT CARD.

Card #: _____ Exp. Date: _____ Visa MC Disc AmEx

CVC#: _____ Name as it appears on card (please print): _____

Billing Address: same as shipping _____

City: _____ State: _____ Zip: _____

Your signature: _____ Date: _____

I WILL PAY WITH A CHECK. (please ensure checks are payable to ForcesUnited)

_____ OPTIONAL INFORMATION _____

- Yes! I wish to have this gift remain anonymous.
 Yes! Subscribe me to your e-mail blasts.
 Yes! Send me an electronic note on my birthday. Day: _____ Month: _____ Year: _____
 Yes! I would like information about including ForcesUnited in my estate plans.

Thank you for supporting our mission through your generous contribution.

ForcesUnited's Federal Taxpayer I.D. #26-1176267

706.951.7506 | info@forcesunited.org | 701 Greene Street, Augusta, GA 30901