



HOPE FOR THE WARRIORS®

Donation Form

Please complete **both** pages

Your Name: _____

Yes! I am interested in supporting the mission of Hope For The Warriors® with the enclosed donation of

- | | | |
|--------------------------|---------|----------|
| <input type="checkbox"/> | \$5,000 | Diamond |
| <input type="checkbox"/> | \$1,000 | Platinum |
| <input type="checkbox"/> | \$500 | Gold |
| <input type="checkbox"/> | \$250 | Silver |
| <input type="checkbox"/> | \$100 | Bronze |
| <input type="checkbox"/> | \$_____ | |

Yes! I would like to make a recurring donation via credit card:

\$_____ on the 15th of each month

\$_____ annually

- Please direct my gift towards:
- | | |
|--|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Career Transition & Education |
| <input type="checkbox"/> Sports & Recreation | <input type="checkbox"/> Community & Military Relations |
| <input type="checkbox"/> A Warrior's Wish® | <input type="checkbox"/> Clinical Health & Wellness |

Additional information on these programs can be found on www.hopeforthewarriors.org

- Please record my gift as:
- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> In Honor Of | <input type="checkbox"/> In Memory Of |
|--------------------------------------|---------------------------------------|

and notify the recipient(s) at the following address:

RESTORING
SELF • FAMILY • HOPE

Donation Form Continued

In an effort to further my support:

- I can identify other gifts in-kind, resources or services.
- I am interested in making a gift of securities.
- I am interested in making a bequest in my will to Hope For The Warriors®
- My/my spouse's employer will match my gift:
Corporate Name: _____
- Matching Gift Form is enclosed Have applied for the matching gift electronically
- I have provided information on personal contacts I know would be interested in information on Hope For The Warriors® (please attach additional sheets if necessary):

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
- _____

Billing Information

Your Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ E-mail: _____

Please list my name in donor recognition material as:

I am making my gift by enclosed check credit card other: _____
Credit card type: V MC AMEX DISC Credit card number: _____
CVS # _____
Signature: _____ Exp. Date: _____

Please mail the completed form, along with your tax-deductible contribution, to the following address:
Hope For The Warriors®
8003 Forbes Place, Suite 201
Springfield, VA 22151

