VFW Foundation Donation Form

Please make all checks payable to VFW Foundation and mail to:
VFW Foundation
406 West 34th Street, Ste. 920
Kansas City, MO 64111

Donor Information (please print or type)

Name _____

Billing address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Email _____

Payment Information

I (we) plan to make this contribution in the form of: ☐ cash ☐ check ☐ credit card ☐ other

Credit Card Type ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Expiration Date _____ Amount $ _____

Credit Card Number _____ CVC _____

Name on Credit Card _____

Gift will be matched by (company/family/foundation) _____

☐ form enclosed ☐ form will be forwarded

Memorial/Honor Information

This Gift is in Memory of or in Honor of (circle one): _____

Acknowledgement Information

Send Acknowledgement to:

Name _____

Address _____

☐ I (we) wish to have our gift remain anonymous.

Signature(s)_____

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Fax 816.968.2789
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www.vfwfoundation.org