

**UNITED STATES VETERANS INITIATIVE - TAX ID # 95-4382752
DONATION FORM**



Please complete form to be mailed or faxed:

United States Veterans Initiative
Fund Development
800 W. 6th Street, 1505
Los Angeles, CA 90017
FAX # 213-542-2632

Please use my gift to help veterans in need.

Enclosed is my check for \$_____.

Please charge my credit card for \$ _____, my billing address is below.

Please make my gift recurring monthly. *Recurring gifts will be processed monthly on the date of the initial gift to the credit card listed below.*

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone (Home) _____ **Phone (Work)** _____

E-mail _____

Type of credit card: Visa MasterCard American Express Discover

Expiration Date _____ Security Code _____

Name on Card _____

Signature _____ Date _____

My gift is honor of _____ for occasion, if applicable)

Or

My gift is in memory of _____

Please notify the following of my gift:

Name _____

Address _____

City _____ State _____ Zip _____

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ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE AS ALLOWABLE BY LAW.