



VFW Foundation Donation Form

Please make all checks payable to the **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 American Express

Expiration Date _____

Credit Card number _____

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 or in Honor of: _____

Acknowledgement Information

Send Acknowledgement to:

Name _____

Address _____

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

Signature(s) _____