



## DONATION FORM

To support The Council's mission to Save Lives and Make a Difference, I have enclosed a donation in the amount of U.S. \$ \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ Enclosed is my check.

\_\_\_\_\_ Please charge my credit card, my billing address is below.

\_\_\_\_\_ Annually \_\_\_\_\_ Quarterly \_\_\_\_\_ Monthly \_\_\_\_\_ One-time

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of credit card:  Visa  MasterCard

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

My gift is in honor of \_\_\_\_\_  
(please print name)

for \_\_\_\_\_ -OR-

### Occasion

My gift is in memory of \_\_\_\_\_  
(please print name)

Please notify the following person of my gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_