



Complete and mail this donation form along with your check payable to **Paralyzed Veterans of America** or credit card information to:

Paralyzed Veterans of America
P.O. Box 758589
Topeka, KS 66675-8589

Postal Mail Donation Form

By making a donation to Paralyzed Veterans of America, you will help disabled and paralyzed veterans in need receive the benefits, medical services, jobs, and rehabilitation they urgently need.

Enclosed is my gift of: \$50 \$25 \$15 Other \$_____

Yes! Please make my gift a recurring monthly donation and provide support to more disabled and paralyzed veterans with my monthly gift.

DONOR INFORMATION

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Yes! I would like to stay up to date on the disabled and paralyzed veterans I'm helping through email communications.

PAYMENT INFORMATION

I have enclosed a check. I would like to charge my gift.

Card Type: AMEX Visa MasterCard Discover

Cardholder Name: _____

Credit Card Number: _____ Expiration Date: _____/_____/_____

Signature: _____

GIFTS IN HONOR OR IN MEMORY

Honor Memory

Honoree Name _____

Yes! I would like a **card to be mailed** to the following recipient:

Recipient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____