



CONTACT INFORMATION

Organization (if applicable): _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Telephone: _____

DONATION INFORMATION

Donation Amount: \$ _____

I would like to make my donation via:

- Check(s) enclosed (Payable to **Vietnam Veterans Memorial Fund**)
- Credit Card / Bank Card

CARD NUMBER

EXPIRATION DATE

- Yes, make my gift a monthly recurring gift
- This gift is in honor or in memory of:

Signature: _____ Date: _____

, TO RETURN BY MAIL, PLEASE PRINT THIS FORM AND MAIL TO:
VIETNAM VETERANS MEMORIAL FUND
3033 WILSON BLVD, STE 300
ARLINGTON, VA 22201-3843

FOR ELECTRONIC DELIVERY, PLEASE SAVE OR SCAN AND EMAIL TO **LLOVINS@VVMF.ORG**

*The Vietnam Veterans Memorial Fund is a charitable organization under Section 501(c)(3) of the Internal Revenue Code.
Any gift you make is tax-deductible to the maximum extent allowed by law.*