



Please *PRINT* all information clearly and mail this form and your check to:

Amputee Coalition
Attn: Development Department
900 East Hill Avenue, Suite 390
Knoxville, TN 37915
865-267-5669

DONATION FORM

Date _____
Donation Amount \$ _____ Please make check payable to the **Amputee Coalition**.
Name _____
Company Name _____
Address _____
City/State/Zip _____
Phone _____
Email _____

TYPE OF DONATION (Please select one)

- General Donation
- Gift in memory of _____
- Send acknowledgement card to (donation amount is not listed):
 - Name _____
 - Address _____
 - City/State/Zip _____
- Gift in honor of _____
- Send acknowledgement card to (donation amount is not listed):
 - Name _____
 - Address _____
 - City/State/Zip _____

PAYMENT INFORMATION

Card Type: American Express Visa MasterCard (Please circle one)
Name on Card _____
Signature _____
Account Number _____
Date of Expiration _____ Security Code _____ (3 digit on back/4 digit on front if AMEX)

Thank you for your support.

Your contribution is tax-deductible to the full extent allowed by the law and you will receive a confirmation at the address you provide above.