



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

Amputee Coalition

Attn: Development Department
601 Pennsylvania Ave, STE 600, South Bldg
Washington DC, 20004
888-267-5669

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.