



I will donate \$ _____
to support Indy Warrior Partnership,
a program of America's Warrior Partnership.

Donation Frequency (Check one):

- One-Time Donation
- Monthly Donation
- Multi-Year Donation for _____ Years
- Other (Please Specify): _____

Would you like to receive online communications from Indy Warrior Partnership (Circle one)? Yes or No

Doner Full Name(s): _____

Company/Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Method of Payment (Check one):

- Enclosed is a check payable to America's Warrior Partnership DBA Indy Warrior Partnership with the memo indicating "In support of the Indy Warrior Partnership".
- I prefer to give by credit card (Circle Type): Visa, Mastercard, American Express, or Discover
Card #: _____ Exp (MM/YY): _____ CVV: _____

Signature: _____

Honor/Memorial Gifts (If applicable):

Please circle the appropriate designation: "In honor of" or "In memory of"

Name of Individual Being Recognized: _____

Send notification of my contribution: (Note: \$ Amounts are confidential and will not be mentioned):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Special instructions/Message: _____

Would you wish for this gift to remain anonymous (Circle one)? Yes or No

Thank you for supporting our mission to empower our community to empower veterans!

Tax ID 47-1606321

America's Warrior Partnership
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