



**WOUNDED  
HEROES**

I will donate \$ \_\_\_\_\_  
to Wounded Heroes

MONTHLY DONATION  ONE-TIME DONATION

MULTI-YEAR DONATION for \_\_\_\_\_ years.

*Making your donation online saves time and expense, allowing us to do more with every dollar.*

*Please consider donating online.*

Full Name(s): \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I WILL PAY WITH A CREDIT CARD

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  Visa  MC  Discover  AmEx

CVC#: \_\_\_\_\_ Name as it appears on card (please print): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I WILL PAY WITH A CHECK (Please ensure checks are payable to Wounded Heroes)

### OPTIONAL INFORMATION

- Yes! I wish to have this gift remain anonymous.
- Yes! Subscribe me to your electronic newsletter.
- Yes! Send me an electronic note on my birthday. Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_
- Yes! I would like information about including Wounded Heroes in my estate plans.

**Thank you for you supporting our mission through your generous contribution.**

Wounded Heroes Federal Taxpayer I.D. #84-4252016

**Wounded Heroes | PO Box 1336 | Ankeny, Iowa 50021**

Wounded Heroes is a tax-exempt 501(c)(3) nonprofit organization. All contributions are tax deductible to the extent allowable by law.