

UNMET NEEDS DONATION FORM

DONOR INFORMATION

First Name:

Last Name:

Company Name (If Applicable):

Address:

City:

State:

Zip:

Country:

Phone:

Donation Amount \$

PAYMENT OPTIONS

Check - Make payable to **VFW Foundation**

Memo - **Unmet Needs**

MasterCard

Visa

Discover

American Express

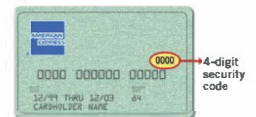
Credit Card #: _____

Card Security Code: _____

Expiration Date (MM/DD/YYYY): _____

Name as appears on card: _____

Authorizing Signature: _____



I prefer to make my donation anonymously

VFW Foundation
406 West 34th Street Suite
920
Kansas City, MO 64111

Your donation is tax-deductible to the full extent of the law.

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