

VFW DONATION FORM FOR CREDIT CARD/ONLINE PAYMENTS

Name on Card:	
Card Type: (Visa/Mastercard)	
Card Number:	
Expiration Date:	
3-Digit Security Code: (on back of card)	
Billing Address Line 1:	
Billing Address Line 2:	
City State Zip Code:	
Amount of Donation:	
Phone Number: (phone or email, your preference)	
Email Address:	
Signature:	
Today's Date:	

Email this form to VFWPost4740@comcast.net please note "DONATION" in the subject. Or print and mail form or your check to VFW Post 4740 PO Box 54 Windsor, CT 06095 or visit our GO FUND ME PAGE @ <https://gofund.me/71e1726a>