GENERAL ONLINE DONATION FORM

Mail This Form and Donation to:

VETS, Inc, P.O. Box 92040, Southlake, TX 76092

One-Time Donation Amount: $_____

☐ YES! Please make this a recurring monthly donation and support wounded service members with my monthly gift of:

- ☐ $15/month
- ☐ $25/month
- ☐ $50/month
- ☐ Other $ _____ /month

If this donation being made by a company, please include:

Company Name:

First Name:
Last Name:
Address:
City:
State:
Zip Code:
Country:
Phone Number:
Email Address:

☐ Yes, I would like to receive email communications from VETS (about grant recipients, program news, events, etc.)

☐ My check is enclosed and made out to VETS, Inc.
(If the billing address is different from the donor information, please enter the billing information below.)

Address:
City:
State:
Zip Code:

*Note: VETS does not disclose the donation amount.

Gift Type (choose one):

- ☐ In honor of
- ☐ In memory of

Honoree's First Name:
Honoree's Last Name:

Send Acknowledgement of my gift to (First / Last Name):
Address:
City:
State:
Zip Code:

Appeal: donations@vetsolutions.org