

LINCOLN'S | PROMISE

MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Fill this out only if you're making your donation on behalf of an organization):

ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address):

Street: _____

City: _____ State: _____ Zip Code: _____

Email (optional): _____

Telephone Number (optional): _____ Home Mobile

PAYMENT OPTIONS

One Time Gift Amount: _____

I'm enclosing my check made payable to:
LINCOLN'S PROMISE

Please charge my credit/debit card
Visa___ MasterCard___
AmEx___ Discover___

Cardholder's Name: _____

Card Number: _____

CVV (3 digit) Number: _____

Expiration Date: _____

OR become a Lincoln's Promise Champion for Veterans!

Your monthly contribution can make a meaningful difference

YES! Please bill my credit/debit card in the amount of _____\$ a month.

YES! I would like to make a monthly gift in the amount of _____\$. I've attached a voided check from the account I want to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling (314) 325-2330.

Your questions and feedback are very important! Please feel free to contact us at lincolns-promise.org or call 1-314-325-2330. Thank you for your support.

Please mail this completed form to: Lincoln's Promise | P.O. Box 203 | Jacksonville, IL 62651