



# I will donate \$ \_\_\_\_\_ to Veterans Overwatch Inc

- 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 at [healingheroes.us/donations/](http://healingheroes.us/donations/).*

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

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

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

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

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

Please make my gift:     In Memory Of     In Honor Of \_\_\_\_\_

Please mail notification to:    Name: \_\_\_\_\_

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

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

**I WILL PAY WITH A CREDIT CARD.**

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

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

Billing Address:  same as shipping \_\_\_\_\_

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I WILL PAY WITH A CHECK.** (please ensure checks are payable to Veterans Overwatch Inc.)

OPTIONAL INFORMATION

- I would prefer no public recognition of this gift.  
 Please subscribe me to your electronic newsletter.  
 I would like information about including the Veterans Overwatch Inc in my estate plans.

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

Veterans Overwatch Inc, Federal Taxpayer I.D. #92-3559846

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