



I will donate \$ _____
to the Gary Sinise Foundation

- ☐ 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 garysinisefoundation.org/donate.*

Full Name(s): _____

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cell ☐ Home Email: _____ @ _____

- ☐ I WILL PAY WITH A CHECK. (please ensure checks are payable to Gary Sinise Foundation)
☐ 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 above _____

City: _____ State: _____ Zip: _____

Email (required): _____ @ _____

Your signature: _____ Date: _____

SEND DEDICATION CARD (OPTIONAL)

Please make my gift: ☐ In Memory Of ☐ In Honor Of _____

Please mail dedication card to: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Who is this dedication from? (This is what will appear on the card - 25 characters total): _____

OPTIONAL INFORMATION

- ☐ I would like to receive the Gary Sinise Foundation monthly E-newsletter that highlights the lives my donation has positively impacted.
☐ I would like information about including the Gary Sinise Foundation in my estate plans.

Thank you for supporting our mission through your generous contribution.

Gary Sinise Foundation's Federal Taxpayer I.D. #80-0587086