



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.

Full Name(s): _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

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 Gary Sinise Foundation)

OPTIONAL INFORMATION

- Yes! I wish to have this gift remain anonymous.
 Yes! Subscribe me to your electronic newsletter.
 Yes! Send me an electronic note on my birthday. Day: _____ Month: _____ Year: _____
 Yes! 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