



Please *PRINT* all information clearly and mail this form and your check to:

**Amputee Coalition**

Attn: Development Department  
601 Pennsylvania Ave, STE 420, South Bldg  
Washington DC, 20004  
888-267-5669

**DONATION FORM**

Date \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_ Please make check payable to the **Amputee Coalition**.

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**TYPE OF DONATION (Please select one)**

General Donation

Gift in memory of \_\_\_\_\_

Send acknowledgement card to (donation amount is not listed):

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Gift in honor of \_\_\_\_\_

Send acknowledgement card to (donation amount is not listed):

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**PAYMENT INFORMATION**

Card Type:  American Express  Visa  MasterCard (Please circle one)

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Account Number \_\_\_\_\_

Date of Expiration \_\_\_\_\_ Security Code \_\_\_\_\_ (3 digit on back/4 digit on front if AMEX)

**Thank you for your support.**

**Your contribution is tax-deductible to the full extent allowed by the law and you will receive a confirmation at the address you provide above.**