



Donation Form

NAME OF DONOR (individual or organization): _____

CONTACT PERSON _____

ADDRESS: _____

PHONE: _____
E-MAIL: _____

SPONSORSHIP LEVELS

- | | |
|--|---|
| <input type="checkbox"/> PRESIDENTIAL (\$50,000+) | <input type="checkbox"/> GENERAL (\$40,000-\$49,999) |
| <input type="checkbox"/> COLONEL (\$30,000-\$39,000) | <input type="checkbox"/> MAJOR (\$20,000-\$29,999) |
| <input type="checkbox"/> CAPTAIN (\$10,000-\$19,999) | <input type="checkbox"/> LIEUTENANT (\$5,000-\$9,999) |
| <input type="checkbox"/> SERGEANT (\$2,500-\$4,999) | <input type="checkbox"/> CORPORAL (\$500-\$2,499) |
| <input type="checkbox"/> PRIVATE (\$100-\$499) | <input type="checkbox"/> SUPPORTER (\$1-\$99) |

AMOUNT OF DONATION: _____

ALLOCATION OF DONATED FUNDS:

- Sponsor-A Vet Program Memorial General Fund Other (please explain below)

FOR IN-KIND DONATIONS OF GOODS AND LABOR:

Value of donated labor: _____ hours @ _____/hour = \$ _____ Value of donated item _____

I authorize the release of these funds to Honoring All Veterans Memorial, Inc, for the purposes indicated above.

REPRESENTATIVE SIGNATURE: _____

DATE: _____