

DONATION FORM Honor the Service...Remember the Sacrifice

Please complete form and return to: SALUTE, INC. P.O. Box 2663, Palatine, IL 60078-2663. A tax receipt will be emailed to you.

Name:
Address: City, State, Zip:
Phone: Email: Email:
Donation Amount: \$
OPTIONAL: In Honor of (name)
In Memory of (<i>name</i>)
Supporting TEAM SALUTE athlete (name)
Please provide us with the name and address of whom you would like us to notify of your donation:
Name/Address:
I prefer to pay by check. Please make your check payable to SALUTE, INC. I prefer to pay by credit card. Please see my payment information below. (Tax receipt will be emailed to you)
Card Type (circle one): Discover MasterCard Visa
Card Number: - - - Exp.Date:/ Security Code: Billing Zip:
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