

## **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:  |
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| 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:  |
| Signature:   |

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